


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # P06000040759</b> 1. Entity Name <b>COR-EVENTS, INC.</b>					
Principal Place of Business <b>6740 SW 48TH TERRACE MIAMI, FL 33155</b>			Mailing Address <b>6740 SW 48TH TERRACE MIAMI, FL 33155</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>GARAY, ZORAYA 6740 SW 48TH TERRACE MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name <b>Maria I Ramirez</b> Street Address (P.O. Box Number is Not Acceptable) <b>6740 SW 48TH TERRACE</b> <b>Miami</b> <b>FL</b> Zip Code <b>33155</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Maria I Ramirez</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARAY, ZORAYA 6740 SW 48TH TERRACE MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500108879875</b> <b>08/31/07--01009--012 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Maria I.</i> RAMIREZ, MARIBELE 6740 SW 48TH TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERDIDO, LEA 6740 SW 48TH TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other live empowered.					
SIGNATURE: <i>Maria I Ramirez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>8/24/07</i> 305 7405872 Daytime Phone #		