

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90011 034 \*\*\*150.00

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1. Entity Name  
CORESLAB STRUCTURES (TAMPA) INC.



Principal Place of Business  
6301 N. 56TH ST.  
TAMPA, FL 33610 US

Mailing Address  
332 JONES ROAD  
UNIT 1  
STONEY CREEK, ON I8e-5n2 CA



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3199150

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANCIOSA, LUIGI
STREET ADDRESS	332 JONES RD UNIT 1
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2
TITLE	D
NAME	FRANCIOSA, MARIO
STREET ADDRESS	332 JONES RD UNIT 1
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2
TITLE	D
NAME	FRANCIOSA, DOMINIC
STREET ADDRESS	332 JONES RD UNIT 1
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2
TITLE	D
NAME	SPIEGEL, SIDNEY
STREET ADDRESS	332 JONES RD UNIT 1
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2
TITLE	D
NAME	SPIEGEL, ROBERT
STREET ADDRESS	332 JONES RD UNIT 1
CITY-ST-ZIP	STONEY CREEK ONTARIO CANADA, I8e 5n2
TITLE	O
NAME	Monty R. Oehrlein
STREET ADDRESS	6301 N. 56th Street
CITY-ST-ZIP	Tampa, FL. 33610

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monty R. Oehrlein, VP/CM

Date

1/8/04

Daytime Phone #

(813) 626-1141