2004 FOR PROFIT CORPORATION

FILED Apr 16, 2004 08:00 AM

	ANNOAL	REFURI	£			, 200+ 00.00 <u>2</u> 3
DOCUMENT # P95000005591 1. Entity Name COR-COM, INC.				*	Sec	retary of State
126 PARK A SUITE C	ve of Business VENUE SOUTH KK, FL 32789	Mailing Address 126 PÄRK AVENUE SOUTH SUITE C WINTER PARK, FL 32789	÷ - \$	***************************************		
E	OO NOT WRITE		CE	04142004 4. FEI Numb 65-055	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PILEGGI, JEAN S 126 PARK AVENUE SOUTH SUITE C WINTER PARK, FL 32789			DO NOT WRITE IN THIS SPACE			
8. The above the obligations of the statement of the stat	named entity submits this statement for the ions of registered agent.	· · ·	Committee Commit	<u> </u>	th, in the State of Flo	Marie Communication of the Com
	Signature, typod or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	nd Agent signsture required noting \$5.	00 May Be	U00000 04/16/04-	1116083 -80049-019 150.00	
10. THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII P PILEGGI, JEAN S 126 PARK AVENUE SO. STE. C WINTER PARK, FL 32789	RECTORS		-	NOT W	
NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not quality 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

SUMA TURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayome Phone #