

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000071166

1. Entity Name
CORE CONSTRUCT INC.



Principal Place of Business
**4301 OAK CIRCLE
SUITE 6
BOCA RATON, FL 33432**

Mailing Address
**4301 OAK CIRCLE
SUITE 6
BOCA RATON, FL 33432**



04292004 No Chg-P CF2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0651526	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILIC, ROBERT
4301 OAK CIRCLE
SUITE 6
BOCA RATON, FL 33432**

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

(NOTE: Registered Agent signature required when reinstating)

4/28/2004
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**

U000000158164
05/07/04-80010-015 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILIC, ROBERT 4301 OAK CIRCLE STE 6 BOCA RATON, FL 33432
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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

4/28/2004 561.929.3909
Date Daytime Phone #