

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90966 012 ***150.00

DOCUMENT # P98000015468

1. Entity Name
CORE COMMERCIAL, INC.



Principal Place of Business

**OFFICE
500 NE 2ND ST
DANIA, FL 33004**

Mailing Address

**OFFICE
500 NE 2ND ST
DANIA, FL 33004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0812933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOTH, ANDREUS J
OFFICE**

**500 NE 2ND STREET
DANIA, FL 33004**
*850 E. COMMERCIAL BLVD
OAKLAND PARK, FL. 33334*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **TOTH, ANDREUS**
STREET ADDRESS **500 NE 2ND STREET**
CITY-ST-ZIP **DANIA, FL 33004**

TITLE VP ☐ Delete
NAME **INMAN, MARC**
STREET ADDRESS **500 NE 2ND STREET**
CITY-ST-ZIP **DANIA, FL 33004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **850 East COMMERCIAL BLVD**
CITY-ST-ZIP **OAKLAND PARK, FL. 33334**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **850 East COMMERCIAL BLVD**
CITY-ST-ZIP **OAKLAND PARK, FL. 33334**

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MARC INMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

561-4334553
Daytime Phone #