

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P99000050429</b><br>1. Entity Name<br><b>NATIONAL CORE SERVICES CORP.</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>7027 W BROWARD BLVD<br/>STE 205<br/>FORT LAUDERDALE, FL 33317</b>  |  |  | Mailing Address<br><b>PMB #205<br/>7027 W BROWARD BLVD<br/>FORT LAUDERDALE, FL 33317</b> |   |  |
| 2. Principal Place of Business<br><b>1110 S FLAMINGO RD</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>1110 S FLAMINGO RD</b><br>Suite, Apt. #, etc.   |  |   |  |
| City & State<br><b>DAVIE, FL</b>   |  | City & State<br><b>DAVIE, FL</b>   |  | 4. FEI Number<br><b>65-0925811</b>  |  |
| Zip<br><b>33332</b>  |  | Country<br><b>BROWARD</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.<br/>343 ALMERIA AVENUE<br/>CORAL GABLES, FL 33134</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT<br><b>WEHBY, JEREMY D</b><br><b>7027 W BROWARD BLVD #205</b><br><b>PLANTATION, FL 33317</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SV<br><b>WEHBY, DAVID S</b><br><b>7027 W BROWARD BLVD #205</b><br><b>PLANTATION, FL 33317</b> <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 like empowered. |  |  |  |   |  |
| <b>SIGNATURE:</b>   |  |  |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |   |  |
| <small>Date Daytime Phone #</small>  |  |  |  |   |  |

FILED  
06 APR 19 AM 8:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

03022006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0925811

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**200072697052**  
04/28/06--01003--019 \*\*\*300.00

*Handwritten signature/initials*