

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000028593

**Entity Name:** CORE COMPUTING SOLUTIONS, INC.

**Current Principal Place of Business:**

16525 SW 72ND AVE  
PORTLAND, OR 97224

**Current Mailing Address:**

16525 SW 72ND AVE  
PORTLAND, OR 97224 US

**FEI Number:** 20-8579029

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC  
2894 REMINGTON GREEN LN STE A  
TALLAHASSEE, FL 32308 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            RAFALOWSKI, PAUL  
Address        16525 SW 72ND AVE  
City-State-Zip: PORTLAND OR 97224

Title            CFO  
Name            DAHLTORP, TIM  
Address        16525 SW 72ND AVE  
City-State-Zip: PORTLAND OR 97224

Title            DIRECTOR  
Name            MALIK, R.NEIL  
Address        16525 SW 72ND AVE  
City-State-Zip: PORTLAND OR 97224

Title            DIRECTOR  
Name            CANO, RON  
Address        16525 SW 72ND AVE  
City-State-Zip: PORTLAND OR 97224

Title            DIRECTOR  
Name            JOHNSON, WILLIAM  
Address        16525 SW 72ND AVE  
City-State-Zip: PORTLAND OR 97224

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIM DAHLTORP

**CFO**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date