above, or on an attachment with all other like empowered. SIGNATURE: MICHAEL BULNES

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

Electronic Signature of Signing Officer/Director Detail

# Entity Name: COSMO INTERNATIONAL CONSULTANTS, INC.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

232 ANDALUSIA AVENUE SUITE # 200 CORAL GABLES, FL 33134

#### **Current Mailing Address:**

DOCUMENT# P08000062120

232 ANDALUSIA AVENUE SUITE # 200 CORAL GABLES, FL 33134

#### FEI Number: 26-2879830

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

BULNES, MICHAEL 232 ANDALUSIA AVENUE SUITE # 200 CORAL GABLES, FL 33134 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

<b>Officer/Director Detail</b>	:
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Title	PRES	Title	SEC	
Name	BULNES, MICHAEL	Name	BULNES, MICHAEL	
Address	232 ANDALUSIA AVENUE # 200	Address	232 ANDALUSIA AVENUE # 200	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

Certificate of Status Desired: No

01/31/2019 PRESIDENT

FILED Jan 31, 2019 Secretary of State 4062738914CC

Date

Date