

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90282 037 ***150.00

DOCUMENT # 299151

1. Entity Name

COSMO TRADING, INC.



Principal Place of Business

7351 NW 7TH STREET
MIAMI FL 33126

Mailing Address

7351 NW 7TH STREET
MIAMI FL 33126

2. Principal Place of Business

10000 N. W. 43rd. Terr.
Suite, Apt. #, etc.

3. Mailing Address

10000 N. W. 43rd. Terr.
Suite, Apt. #, etc.

City & State

Doral, Florida

City & State

Doral, Florida

Zip

33178

Country

Zip

33178

Country

4. FEI Number

59-1117562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARANTE, OCATVIO A SR.
7351 NW 7TH ST
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

MARANTE OCTAVIO A. Sr.

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

10000 N. W. 43rd. Terrace

City

Doral

FL

Zip Code

33178

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME MARANTE, OCTAVIO A JR
STREET ADDRESS 7351 NW 7TH ST
CITY-ST-ZIP MIAMI FL

TITLE P ☐ Delete
NAME MARANTE, OCTAVIO A SAR
STREET ADDRESS 7351 NW 7TH ST
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME MARANTE GLADYS
STREET ADDRESS 10000 N. W. 43rd. Terr.
CITY-ST-ZIP Doral, Florida 33178

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 (305) 717-3141
Date Daytime Phone #