


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # 829342 1. Entity Name COSGROVE ENTERPRISES, INC.	
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Principal Place of Business 16000 NW 49TH AVE. MIAMI, FL 33014 US	Mailing Address 16000 NW 49 AVE MIAMI, FL 33014 US
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02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-0944024	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROGERS, GREGORY R. 16000 NW 49TH AVE HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ROGERS, GREGORY R. 16000 NW 49TH AVE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SHELTON, J. RANDALL 16000 NW 49TH AVE MIAMI, FL 33014
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<p>000000249576 03/03/05-800008-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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  **2/22/05** **305 625 6700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #