2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829342

1. Entity Name

COSGROVE ENTERPRISES, INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90142 026 ***150.00

Principal Place of Business 16000 NW 49TH AVE. MIAMI FL 33014 US 2. Principal Place of Business Suite, Apt. #, etc.		16000 Miami US	Mailing Address 16000 NW 49 AVE MIAMI FL 33014 US 3. Mailing Address Suite, Apt. #, etc.									
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		Suite					CHECK HERE IF MAKING CHANGES					
City & Stat	te	City	& State			4. FE	39-09440)24		-	pplied For ot Applicable	
Zip Country		Zip	Zip		Country		5. Certificate of Status Desired			.75 Ad	75 Additional Required	
	6. Name and Address of Cur	rent Registere	d Agent			7. Na	ame and Address of N	ew Registe				_
200520					Name		· · · · · ·					
	Gregory R. 7 49th ave				Street Addres	ss (P.O. Bo	x Number is Not Accep	table)				1
HIALEAH I									_			1
	•				City				FL.	Zip Cod	de	7
8. The above	e named entity submits this statement tions of registered agent.	ent for the purp	ose of changing its	registere	d office or regis	stered ager	nt, or both, in the State	of Florida. I	am fam	iliar with	, and accept	1
SIGNATURE	-					 						
,,		·	licable. (NOTI	E: Hegistered	Agent signature requ	lnited when re:n	estating)		ATE .			-
	<u> LE-NOW!!!_FEE_IS_\$150.00</u> May 1, 2003 Fee will be \$550						9Election Campaig	n Financing		\$5.0	00_May.Be	
	Repartme						Trust Fund Contril	oution.		Adde	d to Fees	
Make Check	k Payable to Florida Departme OFFICERS		RS	11.		ADD	Trust Fund Contrib					-
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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 PRINCES MAINE OF STONING OFFICER OR DIRECTOR

/7/03

305 6736700

Daytime Phone #