

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G26195 1. Entity Name COSOCRI CORPORATION	
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Principal Place of Business 3665 BATTERSEA ROAD MIAMI, FL 33133	Mailing Address P.O. BOX 331070 MIAMI, FL 33233
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0037393	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCURTIS, JOHN C. 3665 BATTERSEA ROAD COCONUT GROVES, FL 33133	DO NOT WRITE IN THIS SPACE
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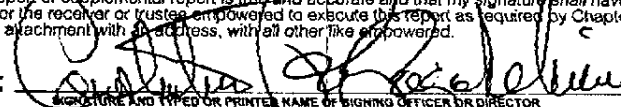
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAPASAKELARIOU, KIRIAKI APARTADO 2510 CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS PAPASAKELARIOU, CONSTANTINO APARTADO 2510 CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/17/06-80006-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
Date: 1-25-06 Daytime Phone #: 305-105-8535

Constantino Papasakelariou VP