

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H57868 1. Entity Name COSMOS CONTRACTING CORP.	
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Principal Place of Business 847 20TH PL VERO BEACH, FL 32960	Mailing Address PO BOX 3808 VERO BEACH, FL 32964 US
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2657598	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLAKE, GLENN M ESQ. 423 DELAWARE AVE. FT PIERCE, FL 34950	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 _____ (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

**000000472417
03/29/06-80035-024 150.00**

10. OFFICERS AND DIRECTORS	
TITLE	VSD
NAME	TORRES, MARY S
STREET ADDRESS	1555 CLUB DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PTD
NAME	TORRES, TERRY T
STREET ADDRESS	1555 CLUB DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VP
NAME	TORRES, ANNA M
STREET ADDRESS	1555 CLUB DR.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Terry T. Torres 3/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #