




**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H57868</b> 1. Entity Name <b>COSMOS CONTRACTING CORP.</b>			
Principal Place of Business <b>847 20TH PL VERO BEACH, FL 32960</b>		Mailing Address <b>PO BOX 3808 VERO BEACH, FL 32964 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04102008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2657598</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLAKE, GLENN M ESQ. 423 DELAWARE AVE. FT PIERCE, FL 34950</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<div>U000000900379</div> <div>04/29/08-80051-005 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TORRES, MARY S 1555 CLUB DRIVE VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TORRES, TERRY T 1555 CLUB DRIVE VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, ANNA M 1555 CLUB DR. VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		4/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	