


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91291 036 ***150.00

DOCUMENT # K61502	
1. Entity Name COSMOPOLITAN DESIGN CORP.	

Principal Place of Business 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131 US	Mailing Address 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131 US
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24055865

2. Principal Place of Business 2912 NW 72nd Ave.	3. Mailing Address 2912 NW 72nd Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State Miami Florida	City & State Miami Florida	4. FEI Number 65-0208315	Applied For <input type="checkbox"/> Not Applicable
Zip 33122	Country USA	Zip 33122	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUBIT, DONALD E FOWLER, WHITE, BURNETT, ET AL 100 S.E. 2ND STREET., 17TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 resigning)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST AGOSTINI, PIERRE J 3550 N. MIAMI AVENUE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGOSTINI, PIERRE J 3550 N. MIAMI AVENUE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another I am empowered.

SIGNATURE:		04/22/04	(305) 477-2427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Deadline Price