

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K88834

Entity Name: COSMOPRO, INC.

**FILED**  
**Aug 10, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

300 FENTRESS BLVD  
DAYTONA BCH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

300 FENTRESS BLVD  
DAYTONA BCH, FL 32114

**New Mailing Address:**

FEI Number: 59-2951047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENNESSY, SYLVIE  
300 FENTRESS BOULEVARD  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HENNESSY, PHILIPPE,  
Address: 300 FENTRESS BLVD  
City-St-Zip: DAYTONA BCH, FL 32114

Title: DVP ( ) Delete  
Name: HENNESSY, SYLVIE,  
Address: 300 FENTRESS BLVD  
City-St-Zip: DAYTONA BCH, FL 32114

Title: S (X) Delete  
Name: MAKHOUL, JACQUEUNE  
Address: 300 FENTRESS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVPS (X) Change ( ) Addition  
Name: HENNESSY, SYLVIE,  
Address: 300 FENTRESS BLVD  
City-St-Zip: DAYTONA BCH, FL 32114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIE HENNESSY

DVPS

08/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date