


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000019818 1. Entity Name COSMEN, LLC	
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Principal Place of Business 17822 NW 81 COURT MIAMI FL 33015	Mailing Address 17822 NW 81 COURT MIAMI FL 33015
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E083 (10/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 01-0555275	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JORGE H. RAMOS, P.A. 2250 SW 3RD AVE. 5TH FLOOR MIAMI FL 33129

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.

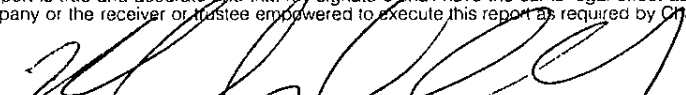
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when complaining)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	<input type="checkbox"/>
NAME	COSTA, OSVALDO	
STREET ADDRESS	17822 NW 81 COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	MGR	<input type="checkbox"/>
NAME	COSTA, MIRTA	
STREET ADDRESS	17822 NW 81 COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	MGR	<input type="checkbox"/>
NAME	MENDEZ, MELISA	
STREET ADDRESS	17822 NW 81 COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	MGR	<input type="checkbox"/>
NAME	MENDEZ, MICHAEL R	
STREET ADDRESS	17822 NW 81 COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	000000567004	<input type="checkbox"/>	<input type="checkbox"/>
NAME	06/12/06-80005-001 50.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  5/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #