

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033958

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: KOSMO SYSTEMS INTERNATIONAL, LLC

**Current Principal Place of Business:**

10664 ACME ROAD  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

10664 ACME ROAD  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

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

KEIHNER, BRUCE PA  
14703 PARK OF COMMERCE BLVD  
JUPITER, FL 33478 US

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: BRUCE KEIHNER

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: QURAESHI, ANIQAH  
Address: 10664 ACME ROAD  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CH (X) Change ( ) Addition  
Name: QURAESHI, SOHAIL  
Address: 10664 ACME ROAD  
City-St-Zip: WEST PALM BEACH, FL 33414 US

Title: MD ( ) Change (X) Addition  
Name: MAYBERRY, RICHARD  
Address: 10664 ACME ROAD  
City-St-Zip: WEST PALM BEACH, FL 33414 US

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 is true and accurate and that my electronic 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: S QURAESHI

CH

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date