## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 16, 2007 08:00 A Secretary of State DOCUMENT # L29475 1. Entity Namo COSIO'S MOTOR CARS, INC. Principal Place of Business Mailing Address C/O JOSE COSIO 3615 W. CYPRESS TAMPA FL 33607 C/O JOSE COSIO 3615 W. CYPRESS TAMPA FL 33607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2984185 Not Applicable Zip Country 7<sub>ID</sub> Country **\$8.75** Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COSIO, JOSE Street Address (P.O. Box Number is Not Acceptable) 3913 SWANN AVE **TAMPA FL 33609** City Zip Codo 8. The above named onlity 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 . Signature, typed or printed name of registered agent and tife if applicable. (NOTE, Registered Agent signature required when teinstaling) DATE 'FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPS ☐ Change Addition THE Delete HILE COSIO, JOSE NAME NAMI 11000000711215 3913 SWANN AVE STREET ADDRESS STREET ADORESS 04/25/07-80074-010 150.00 **TAMPA FL 33609** CITY - ST - ZIP CITY - ST - ZIF Addition Change ШЦ Delete HILL COSIO, JOSE NAME NAME 3913 SWANN AVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIE Change Addition Delete HILE HIDE. NAME. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete ☐ Change ■ Addition NAM! NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITEF Change ■ Addition 11115 NAME STREET ADDRESS STREET ADDRESS CITY - ST-71P CITY-ST-ZIP Addition Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY ST-7IP 12. 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 or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 two empowered.

Jose L. Cosio

SIGNATURE: