## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 23, 2008 8:00 am Secretary of State DOCUMENT # L29475 1. Entity Name 04-23-2008 90030 019 \*\*\*150.00 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 5221 Taylor Road Suite, Apt. #, etc. 5221 Taylor Road 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For FI. 59-2984185 Lutz Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired 33558 335*58* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (0310 Jose COSIO, JOSE Street Address (P.O. Box Number is Not Acceptable) 5.221 Taylor Road 3913 SWANN AVE **TAMPA FL 33609** Zip Code 3.3.558 8. The above named entity submits this statement or 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 000 crimed hanc of registring maent and the Lampicarde (NOTE: Registered Agent Eigentum required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS TITLE Delete Change ☐ Addition MAME COSIO, JOSE NAME 3919 SWANN AVE STREET ADDRESS STREET ADDRESS 5221 Taylor Road TAMPA FL 93609-CITY-ST-7/P CITY-ST-7IP Lutz F1. 33558 TITLE Delete TITLE Change Addition COSIO, JOSE NAME NAME 5221 Taylor Road Lutz Fl. 33558 STREET ADDRESS 39<del>13 SWANN AVE</del> STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609 CITY - ST - ZIP De ele TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIME Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CHIY-ST-7/P CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 bit slike impowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR