


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L98000002682</b> 1. Entity Name <b>COSMOPOLITAN OF AMERICA, L.C.</b>	
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Principal Place of Business <b>16709 SAPPHIRE SPRINGS WESTON, FL 33331</b>	Mailing Address <b>16709 SAPPHIRE SPRINGS WESTON, FL 33331</b>
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>65-0876523</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PINTO, MOISES  
16709 SAPPHIRE SPRINGS  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000683504  
04/11/07-80039-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILAR CAMPILLO, MARIA DEL 16709 SAPPHIRE SPRINGS WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINTO, MOISES 16709 SAPPHIRE SPRINGS WESTON, FL 33331
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Pinto Moises* **3/30/2007** **954-6189415**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #