2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT

M11233

1. Entity Name COSMYL, INC.

Principal Place of Business



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90073 014 ***150.00

STE 5 STE MIAMI FL 33166 MIA						
MIAMITE 33100 MIA	: 5 MIFL 33166			14 M (En BIBIL 1886	
US US	US					
	failing Address	•		HARA BIRAK BARAK BI	a n anan 444)	
_	1701 N.W. 87th AVENUE					
· · · · ·	Suite, Apt. #, etc.		CHECK HERE IF MAKING	G CHANGES		
SUITE 200 SUI	JITE 200		WARM	u 01/1/1025		
			4. FEI Number 59-2522327	Ар	plied For	
	AMI, FLORI		29 £3£25£1		t Applicable	
Zip Country Zip 33172 USA 33	ip 3172	Country USA	5. Certificate of Status Desired	\$8.75 Add Fee Required	litional d	
6. Name and Address of Current Registe		7. Name and Address of New Registered	Agent			
		Name				
- DALMAU; JAVIER`			DALMAU JAVIER · Street Address (P.O. Box Number is Not Acceptable)			
8055 NW 77 CT STE 5		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33166		1701	N.W. 87th AVE	···		
		City MIAM	I FL	Zip Code	33172	
8. The above named entity submits this statement for the pur	rpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am	familiar with,	and accept	
the obligations of registered agent.					1	
SIGNATURE CONTRACTOR	_					
Signature, typed or printed name of registered agent and title if a	ppficable. /NOTE:	Registered Agent signature require	ed when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00						
After May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing		May Be	
Make Check Payable to Florida Department of State			Trust Fund Contribution.	لــ Added	to Fees	
	1					
10. OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS	IN 11	
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 all other like empowered.

SIGNATURE:

Daytime Phone #