

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90001 031 \*\*\*150.00

**DOCUMENT # P00000021801**

1. Entity Name  
**COS INVESTMENTS, INC.**



Principal Place of Business

**19575 BISCAYNE BLVD.  
#1711  
AVENTURA, FL 33180**

Mailing Address

**19575 BISCAYNE BLVD.  
#1711  
AVENTURA, FL 33180**

**DO NOT WRITE IN THIS SPACE**



07302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ORLINSKY, CINDY  
19575 BISCAYNE BLVD. #1711  
AVENTURA, FL 33180**

**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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
ORLINSKY, CINDY  
20051 NE 37TH COURT  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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12. I hereby 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-933-5455**

COS INVESTMENTS, INC.

D.B.A. /

Attachment  
54067670



19575 BISCAYNE BOULEVARD • #1711 • AVENTURA • FL • 33180

800-229-KRON Toll Free • 305-933-5455 Phone • 305-933-1181 Fax

Friday, July 30, 2004

Florida Department of State  
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314  
RE: P00000021801

To whom it may concern:

Enclosed, please find our 2004 For Profit Corporation Annual Report. My apologies for the late submission of this report. We submitted a post card (mailed to us by your department earlier in the year) to you for the receipt of the "Report Form" to fill out. In the past, the forms were automatically sent directly to our office. However, it wasn't until we recently received another postcard regarding "dissolution of corporation", that we realized that this form was not sent to us. Per conversation with your office this afternoon, I am submitting a check for the filing fee of \$150.00. You may review our account history to see that all previous filings have been on time. Please consider waiving the late fees for this filing.

Thank you for your consideration in this matter. If you have any questions at all, please do not hesitate to call me.

Very Truly  
A handwritten signature in cursive script, appearing to read "Cindy Orlinsky".  
Cindy Orlinsky  
President