


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90069 018 \*\*\*150.00

<b>DOCUMENT # P00000021801</b>			
1. Entity Name <b>COS INVESTMENTS, INC.</b>			
Principal Place of Business <b>19575 BISCAYNE BLVD. #1711 AVENTURA FL 33180</b>		Mailing Address <b>19575 BISCAYNE BLVD. #1711 AVENTURA FL 33180</b>	
2. Principal Place of Business <b>20051 NE 37th Ct</b>		3. Mailing Address <b>Same -</b>	
Suite, Apt. #, etc. <b>#</b>		Suite, Apt. #, etc.	
City & State <b>Aventura, FL</b>		City & State	
Zip <b>33180</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>ORLINSKY, CINDY 19575 BISCAYNE BLVD. #1711 AVENTURA FL 33180</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORLINSKY, CINDY 20051 NE 37TH COURT AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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** Cindy Orlinsky **2-1-06** **3055282329**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

