




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

06-11-2008 90001 008 ***158.75

DOCUMENT # P00000098695					
1. Entity Name COSE BELLE INTERIORS, INC.					
Principal Place of Business 3403 FOXMEADOW COURT LONGWOOD, FL 32779 US			Mailing Address 3403 FOXMEADOW COURT LONGWOOD, FL 32779 US		
2. Principal Place of Business - No P.O. Box # 3385 Sterling Ridge Ct.		3. Mailing Address 3385 Sterling Ridge Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Longwood, FL		City & State Longwood, FL		4. FEI Number 65-1047727	
Zip 32779		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IOPPOLO, FRANK 450 SOUTH ORANGE AVE SUITE 650 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name <u>Frank Ioppolo</u> Street Address (P.O. Box Number is Not Acceptable) <u>701 International Parkway</u> Suite <u>200</u> City <u>Lake Mary</u> FL Zip Code <u>32746</u>		
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: 				DATE: <u>5/30/2008</u>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME IOPPOLO, FRANK STREET ADDRESS 3403 FOXMEADOW COURT CITY - ST - ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE VP NAME Ioppolo, Frank STREET ADDRESS 3385 Sterling Ridge Court CITY - ST - ZIP Longwood, FL 32779	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PSTD NAME IOPPOLO, CHARISSA STREET ADDRESS 3403 FOXMEADOW COURT CITY - ST - ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE PSTD NAME Ioppolo, Charissa STREET ADDRESS 3385 Sterling Ridge Court CITY - ST - ZIP Longwood, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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:  VP				DATE: <u>5/30/2008</u> DAYTIME PHONE #: <u>(407) 421-7158</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					