


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90216 049 ***150.00

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| DOCUMENT # P01000003167 1. Entity Name COSMOPOLITAN WORLD, INC. | | | |  | |
| Principal Place of Business 12850 WEST S.R. 84 LOT 17-28 DAVIE, FL 33325 | | | Mailing Address 12850 WEST S.R. 84 LOT 17-28 DAVIE, FL 33325 | | |
| 2. Principal Place of Business - No P.O. Box # 5812 NW 84 TERR | | 3. Mailing Address 5812 NW 84 TERR | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State TAMARAC, FL | | City & State TAMARAC, FL | | 4. FEI Number 65-1076757 | |
| Zip 33321 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRULLON, FATIMA M 546 SW 1ST STREET APT 507 MIAMI, FL 33130 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 GRULLON, FATIMA M 546 SW 1 STREET APT. 507 MIAMI, FL 33130 <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 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: <i>Fatima M. Grullon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 04-11-07 Date Daytime Phone # | | |