2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State
05-12-2006 90027 011 ***150.00

DOCUMENT # P01000006363

1. Entity Name
COSMOS ENTERTAINMENT, INC.

40091640

Principal Place of Business	Mailing Address
8964 W. FLAGLER ST. BLDG #3 , APT #109 MIAMI, FL 33174	8964 W. FLAGLER ST. BLDG #3 , APT #109 MIAMI, FL 33174

2. Principal Place of Business	3. Mailing Address
8180 GENEVA CT.	8180 GENEVA CT.
Suite, Apt #, etc: 129	Suite, Apt #, etc: 129
City & State: DORAL, FL	City & State: DORAL, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

05022006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-1070037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGUIS, NAJIB
8964 FLAGLER ST.
BLDG #3 , APT #109
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name: SEGUIAS, NAJIB
Street Address (P.O. Box Number is Not Acceptable): 8180 GENEVA CT. #129
City: DORAL FL Zip Code: 33166

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD SEGUIAS, NAJIB 8964 W. FLAGLER ST., BLDG #3 , APT #109 MIAMI, FL 33174 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD SEGUIAS, NAJIB 8180 GENEVA CT. #129 DORAL, FL 33166 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Najib Jose Seguias NAJIB SEGUIAS 04-26-2006 (305)878-5676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #