
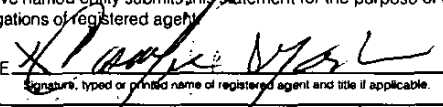



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90095 046 ***150.00

DOCUMENT # P01000042149 1. Entity Name COSMODIVA TALENTS INC					
Principal Place of Business 8009 N.W. 36 STREET SUITE 220 MIAMI, FL 33166 US			Mailing Address 8009 N.W. 36 STREET SUITE 220 MIAMI, FL 33166 US		
2. Principal Place of Business - No P.O. Box # 8181 NW 36 ST Suite, Apt. #, etc. 25 E		3. Mailing Address Same Suite, Apt. #, etc.			
City & State DORAL		City & State		4. FEI Number 65-1100306	
Zip 33166 Country USA		Zip 33166 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARIN, COSMELIA D 8009 N.W. 36 STREET SUITE 220 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 8181 NW 36 ST # 25 E 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  COSMELIA MARIN 04/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 MARIN, COSMELIA D 8009 N.W. 36 STREET, SUITE 220 MIAMI, FL 33166	<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
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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:  COSMELIA MARIN 04/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04/15/08 <small>Daytime Phone #</small>		