
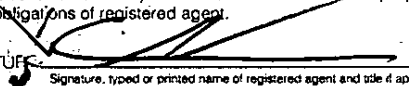
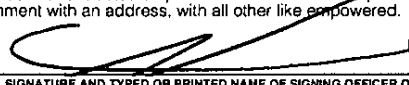


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90243 007 ***150.00

DOCUMENT # P01000093927 1. Entity Name KOSSOY & RUETTER, INC.					
Principal Place of Business 7258 NW 70TH STREET MIAMI, FL 33166			Mailing Address 7258 NW 70TH STREET MIAMI, FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1140631	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOBIN, GLORIA ROA 2655 LEJEUNE ROAD, SUITE #1001 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Claudio Ruetter Street Address (P.O. Box Number is Not Acceptable) 504 N.E. 190th Street City Miami FL Zip Code 33179	
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:  Claudio Ruetter DATE 4/18/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PTD <input checked="" type="checkbox"/> Delete NAME KOSSOY, EDUARDO MANUEL STREET ADDRESS 504 NE 190TH STREET CITY - ST - ZIP NORTH MIAMI, FL 33179			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE VPD <input checked="" type="checkbox"/> Delete NAME DE KOSSOY, SILVIA GARLOTA STREET ADDRESS 504 NE 190TH STREET CITY - ST - ZIP NORTH MIAMI, FL 33179			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE S <input type="checkbox"/> Delete NAME RUETTER, CLAUDIO STREET ADDRESS 504 NE 190TH ST. CITY - ST - ZIP MIAMI, FL 33179			TITLE President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Claudio Ruetter DATE 4/18/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					