

# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000009312

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** COSMOPOLITAN PROPERTY MANAGEMENT CORP.

**Current Principal Place of Business:**

18041 SW 149 CT  
MIAMI, FL 33187

**New Principal Place of Business:**

PO BOX 770624  
MIAMI, FL 33177

**Current Mailing Address:**

PO BOX 770624  
MIAMI, FL 33177

**New Mailing Address:**

**FEI Number:** 04-3611569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ARMSTRONG, JANA L ESQUIRE  
700 S ROYAL POINCIANA BLVD, STE 502  
MIAMI SPRINGS, FL 33166 US

**Name and Address of New Registered Agent:**

OLIVER, ORLANDO  
17220 NW 53 PLACE  
CAROL CITY, FL 33055 US

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.

SIGNATURE: ORLANDO OLIVER

04/25/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSC ( ) Delete  
Name: KNOBLOCK, KAREN  
Address: PO BOX 770624  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN KNOBLOCK

PTSC

04/25/2005

Electronic Signature of Signing Officer or Director

Date