2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUMENT # P02000032209 1. Entity Name COBAS HOLDINGS CORP. Principal Place of Business Mailler		209 Mailing Address		Secretary of State
4425 S.W. 19 MIAMI, FL 33		4425 S.W. 15TH STREET MIAMI, FL 33134	v -	
DO NOT WRITE IN THIS SPAC			04212005 No Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent COBAS, JUAN C 4425 S.W. 15TH STREET MIAMI, FL 33134				DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent algorithms described when releasing) DATE				
FILE NOW!!! FEE IS \$150.00 - After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be dded to Fees
HTLE NAME STREET ADDRESS CITY-ST-ZIP	D COBAS, JUAN 4425 S.W. 15TH STREET MIAMI, FL 33134	RECTORS		
YITLE NAME STREET ADDRESS CITY-ST-ZIP				000000337830 04/28/05-80013-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP			-	DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	***		
12. I hereby certify that the information supplied with this filling 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 eath; 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 tike empowered.				

04-26-05