

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90422 009 ***150.00

DOCUMENT # P02000044124					
1. Entity Name COSMOFLORIDA, INC.					
Principal Place of Business 10540 NW 26TH ST #102G SUITE 101-G MIAMI, FL 33172			Mailing Address 10540 NW 26TH ST #102G SUITE 101-G MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0673841	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MENDEZ, EDUARDO J 8370 WEST FLAGLER ST SUITE 234 MIAMI, FL				7. Name and Address of New Registered Agent Name ANDRES RODRIGUEZ Street Address (P.O. Box Number is Not Applicable) 741 N.E. 3RD. AVE. OFIC 406 City MIAMI FL Zip 33132	
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 04/21/04 Signature, typed or printed name of registered agent and State if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	MENDEZ, JOSE M		NAME	MENDEZ, JOSE M	
STREET ADDRESS	7149 NW 111 AVENUE		STREET ADDRESS	10540 NW 26 ST SUITE G-101	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	MIAMI FL 33172	
TITLE		☐ Delete	TITLE	P	☐ Change ☒ Addition
NAME			NAME	INVERSIONES MILAZZO	
STREET ADDRESS			STREET ADDRESS	10540 NW 26 ST. CORP.	
CITY-ST-ZIP			CITY-ST-ZIP	SUITE G 101 MIAMI FL. 33172	
TITLE		☐ Delete	TITLE	V-P	☐ Change ☒ Addition
NAME			NAME	RUTH LANDAETA	
STREET ADDRESS			STREET ADDRESS	7149 NW 111 AVE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 life empowered.					
SIGNATURE: _____		04/21/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			