

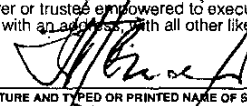


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90087 033 \*\*\*150.00

<b>DOCUMENT # P02000044124</b> 1. Entity Name <b>COSMOFLORIDA, INC.</b>					
Principal Place of Business <b>10540 NW 26TH ST #102G SUITE 101-G MIAMI, FL 33172</b>			Mailing Address <b>10540 NW 26TH ST #102G SUITE 101-G MIAMI, FL 33172</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>10540 NW 26 ST. SUITE 101-G MIAMI FL</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>01-0673841</b>	
Zip <b>33172</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, ANDRES 141 NE 3RD AVE OFIC 406 MIAMI, FL 33132</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MENDEZ, JOSE M 10540 NW 26 STREET STE G-101 MIAMI, FL 33172</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILAZZO, INVERSIONES 10540 NW 26 STREET STE G-101 MIAMI, FL 33172</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LANDAETA, RUTH 7149 NW 111 AVE MIAMI, FL 33178</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>APRIL 28/05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					