2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044124

Entity Name: COSMOFLORIDA, INC

FILED Apr 09, 2007 Secretary of State

Littly Nai	ile. Cosivior	EORIDA, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
9655 N.W. SUITE 402 MIAMI, FL			6955 N.W SUITE 40 MIAMI, FL			
Current Mailing Address:				New Mailing Address:		
9655 N.W. SUITE 402 MIAMI, FL			6955 N.W SUITE 40 MIAMI, FL			
FEI Number:	01-0673841	FEI Number Applied For ()	FEI Number Not App	plicable ()	Certificate of Status Des	ired ()
Name and	Address of C	urrent Registered Agent:	Name and	d Address of	New Registered Agent	:
	EZ, ANDRES D AVE OFIC 4 33132 US	06				
	named entity s of Florida.	submits this statement for the p	urpose of changing	its registered	office or registered ager	nt, or both,
SIGNATUF	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () MENDEZ, JOSE 10544 NW 26 S MIAMI, FL 331	T STE, E101	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	P () MILAZZO, INVE 10544 NW 26S MIAMI, FL 331	T STE E101	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () MENDER, BLAN 10544 NW 26 S MIAMI, FL 331	T STE E101	Title: Name: Address: City-St-Zip:	VP () MENDEZ, BLA 10544 NW 26 MIAMI, FL 33	ST STE E101	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MENDEZ, JOS	VENUE STE 402	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOSE M MENDEZ S 04/09/2007