2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000100375

Entity Name: COSMA 2003, INC.

Current Principal Place of Business:

355 ALHAMBRA CIRCLE STE 900
CORAL GABLES, FL 33134

New Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

Current Mailing Address:

355 ALHAMBRA CIRCLE STE 900
CORAL GABLES, FL 33134

New Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

FEI Number: 16-1649378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBB, KOLLEEN
355 ALHAMBRA CIRCLE STE 900
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

COBB, KOLLEEN
355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134 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: KOLLEEN COBB 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CODINA, ARMANDO
Address: 355 ALHAMBRA CIRCLE STE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: PTS ( ) Delete
Name: BEFELER, HENRY
Address: 355 ALHAMBRA CIRCLE STE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: VS ( ) Delete
Name: COBB, KOLLEEN O.P. ESQ
Address: 355 ALHAMBRA CIRCLE STE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: V (X) Delete
Name: ROBINSON, FORREST
Address: 355 ALHAMBRA CIRCLE STE 900
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CODINA, ARMANDO
Address: 355 ALHAMBRA CIRCLE SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: VAS (X) Change ( ) Addition
Name: HEVIA, JOSE
Address: 355 ALHAMBRA CIRCLE SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: PST (X) Change ( ) Addition
Name: COBB, KOLLEEN O.P.
Address: 355 ALHAMBRA CIRCLE STE 900
City-St-Zip: CORAL GABLES, FL 33134

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: KOLLEEN COBB V 04/27/2005
Electronic Signature of Signing Officer or Director Date