


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000107386

1. Entity Name  
COSMO TWO, INC.



Principal Place of Business      Mailing Address

10481 N.W. 41 STREET      10481 N.W. 41 STREET  
MIAMI, FL 33178 US      MIAMI, FL 33178 US

**DO NOT WRITE IN THIS SPACE**



03092005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
56-2302462      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, MEDARDO E  
10481 N.W. 41 STREET  
MIAMI, FL 33178

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

U00000262786  
03/14/05-80068-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T GUTIERREZ, MEDARDO E 10481 N.W. 41 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S GUTIERREZ, MELISSA 10481 N.W. 41 STREET MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:       3/9/05      305-513-9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #