

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90025 006 ***150.00

DOCUMENT # P02000114488

1. Entity Name
COSMOS FINANCE CORP.



Principal Place of Business
3761 FLYPARK DR
ROCKLEDGE, FL 32955

Mailing Address
3761 FLYPARK DR
ROCKLEDGE, FL 32955

40100293



2. Principal Place of Business
938 HIALEAH STR.
Suite, Apt. #, etc.
c/o BALZ FEINER
City & State
ROCKLEDGE, FLORIDA
Zip
32955
Country
BREVARD

3. Mailing Address
938 HIALEAH STR.
Suite, Apt. #, etc.
c/o BALZ FEINER
City & State
ROCKLEDGE FLORIDA
Zip
32955
Country
BREVARD

07112006 Chg-P CR2E034 (11/05)

4. FEI Number
51-0445206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FEINER, BALZ
338 HIALEAH STREET
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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: BALZ FEINER DATE: 7-18-06

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 Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDER, VERENA STEINBRECH WEA 4153 RIEHEN SWITZERLAND. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEINER, BALZ 938 HIALEAH ST. ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: BALZ FEINER DATE: 7-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR