
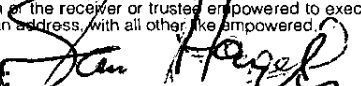


2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90149 001 \*\*\*150.00

DOCUMENT # P02000116471			
1. Entity Name C O S H GROUP, INC.			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 10 FAIRWAY DRIVE		3. Mailing Address 10 FAIRWAY DRIVE	
Suite, Apt. #, etc. 302		Suite, Apt. #, etc. 302	
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BEACH, FL	
Zip 33441	Country USA	Zip 33441	Country USA
4. FEI Number 36-4529336		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name SAM HAREL			
Street Address (P.O. Box Number is Not Acceptable)			
10 FAIRWAY DRIVE SUITE 302			
City DEERFIELD BEACH		FL	Zip Code 33441
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		SAM HAREL - PRESIDENT	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		4/11/03	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAM HAREL 10 RAIRE WAY DR # <del>408</del> 302 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<b>DO NOT WRITE IN THIS SPACE</b>			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE 		Sam Harel	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/11/03	
		Daytime Phone #	

CR2E034B (12/02)