

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000122301

1. Entity Name  
BL COSMA, INC.



Principal Place of Business  
355 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134

Mailing Address  
355 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>16-1649386</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

COBB, KOLLEEN  
355 ALHAMBRA CIRCLE  
SUITE 900  
CORAL GABLES, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	BEFELER, HENRY
STREET ADDRESS	355 ALHAMBRA CIRCLE, SUITE 900
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VS
NAME	COBB, KOLLEEN O.P.
STREET ADDRESS	355 ALHAMBRA CIRCLE, SUITE 900
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	ROBINSON, FORREST
STREET ADDRESS	355 ALHAMBRA CIRCLE, SUITE 900
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	CODINA, ARMANDO
STREET ADDRESS	355 ALHAMBRA CIRCLE, SUITE 900
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/04-80037-001 150.00

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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)(f), 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: *BL Cosma, Inc*  
VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.9.04 305.520-2344  
Date Daytime Phone #