1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 NOV 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000021781

1. Entity Name
Cosmo Holdings, Inc.

DO NOT WRITE IN THIS SPACE

800043097488
12/01/04--01027--007 **150.00

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
2236 Collins Ave Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami Beach, fl City & State	City & State
33139 Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1878208 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Roberto Vinicio salas

Street Address (P.O. Box Number is Not Acceptable)

2236 Collins Ave

City: Miami Beach FL Zip Code: 33139

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: Vinicio Salas 11-12-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roberto Vinicio salas 2236 Collins AVE Miami Beach, FL 33139
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CR2E034B (12/02)

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: Vinicio Salas 11-12-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $150 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **COSMO HOLDINGS, INC.**

Thank you for your courtesy in this matter.

Vinicio Salas

ROBERTO VINICIO SALAS
PRESIDENT