

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90298 001 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000141858 1. Entity Name COSGIL CONSTRUCTION, CORP.			
Principal Place of Business 8620 NW 10 STREET HOLLYWOOD, FL 33024		Mailing Address 8620 NW 10 STREET HOLLYWOOD, FL 33024	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
4. FEI Number 20-0441036		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GIL, CONSTANCE F 8620 NW 10 STREET HOLLYWOOD, FL 33024		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 _____ Signature, typed or printed name of registered agent and their address (NOTE: Registered Agent signature required when not filing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIL CONSTANTE, GIL F 8620 NW 10 STREET HOLLYWOOD, FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS A GIL 1115 W 39TH AVE MIAMI FLA 33012 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(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 as an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/15/04 Daytime Phone #	