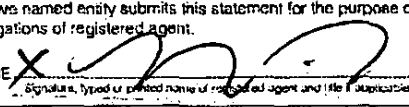


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-30-2004 90393 042 ***150.00

DOCUMENT # P03000146266 1. Entity Name COZMO'S MOON, INC.																																																							
Principal Place of Business 1100 WEST AVE #1026 MIAMI BEACH, FL 33139 US			Mailing Address 1100 WEST AVE #1026 MIAMI BEACH, FL 33139 US																																																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																				
4. FEI Number 20-0467554			Applied For Not Applicable																																																				
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																																																				
6. Name and Address of Current Registered Agent TURCHIANO, NICHOLAS 1100 WEST AVE #1026 MIAMI BEACH, FL 33139			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  DATE _____ (NOTE: Registered Agent signature required when renewing)																																																							
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td>TURCHIANO, NICHOLAS</td> <td>1100 WEST AVE #1026</td> <td>MIAMI BEACH, FL 33139</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		TURCHIANO, NICHOLAS	1100 WEST AVE #1026	MIAMI BEACH, FL 33139		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition																																			
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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)(c), 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:  DATE _____ Daytime Phone: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																							

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04272004 Chg-P CR2E034 (10/03)