

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 016 ***150.00

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DOCUMENT # P04000000485 1. Entity Name COS INC.			
Principal Place of Business 2800 S OAKLAND FOREST DRIVE #2302 OAKLAND PARK, FL 33309		Mailing Address 2800 S OAKLAND FOREST DRIVE #2302 OAKLAND PARK, FL 33309	
2. Principal Place of Business 1142 Laconia St. Suite, Apt. #, etc.		3. Mailing Address 1142 Laconia St Suite, Apt. #, etc.	
City & State Sebastian, FL Zip Country 32959 USA		City & State Sebastian, FL Zip Country 32958 USA	
4. FEI Number 32-0102787		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRILLON, KIM 2800 S OAKLAND FOREST DRIVE #2302 OAKLAND PARK, FL 33309		7. Name and Address of New Registered Agent Name CASTRILLON KIM Street Address (P.O. Box Number is Not Acceptable) 1142 Laconia St. City Sebastian FL Zip Code 32958	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CATRILLON, KIM 2800 S OAKLAND FOREST DRIVE #2302 OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIM CASTRILLON 1142 Laconia St Sebastian, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kim Castrellon <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-21-06 772-581-8064 <small>Date Daytime Phone #</small>	