

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080967

Entity Name: COSMOE, INC.

FILED  
Apr 22, 2006  
Secretary of State

## Current Principal Place of Business:

3401 NW 95TH TERRACE  
MIAMI, FL 33147 US

## New Principal Place of Business:

## Current Mailing Address:

3401 NW 95TH TERRACE  
MIAMI, FL 33147 US

## New Mailing Address:

FEI Number: 16-1725831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEWART, STACY  
18361 SW 82ND AVENUE  
MIAMI, FL 33157 US

## Name and Address of New Registered Agent:

STEWART, STACY  
18361 SW 82ND AVENUE  
MIAMI, FL 33157 US

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.

SIGNATURE:

04/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STEWART, STACY  
Address: 18361 SW 82ND AVENUE  
City-St-Zip: MIAMI, FL 33157 US

Title: VP ( ) Delete  
Name: BROWN, MAURICE  
Address: 3401 NW 95TH TERRACE  
City-St-Zip: MIAMI, FL 33147 US

Title: SECR ( ) Delete  
Name: BROWN, MAURICE  
Address: 3401 NW 95TH TERRACE  
City-St-Zip: MIAMI, FL 33147 US

Title: TREA ( ) Delete  
Name: STEWART, STACY  
Address: 18361 SW 82ND AVENUE  
City-St-Zip: MIAMI, FL 33157 US

Title: DIR. ( ) Delete  
Name: STEWART, STACY  
Address: 18361 SW 82ND AVENUE  
City-St-Zip: MIAMI, FL 33157 US

Title: DIR. ( ) Delete  
Name: BROWN, MAURICE  
Address: 3401 NW 95TH TERRACE  
City-St-Zip: MIAMI, FL 33147 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY STEWART

PRES

04/22/2006

Electronic Signature of Signing Officer or Director

Date