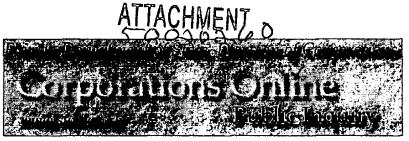
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2006 8:00 am Secretary of State

1. Entity Name	MENT # P0500010	8254	:			06-01-2006 9	90004 01	10 ***150	0.00
Principal Place 10481 NW 4 DORAL, FL 3	1 STREET	Mailing Address 10481 NW 41 STREET DORAL, FL 33178	US					5002	U260
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05152006	Chg-P	CR2E0	34 (11/05)		
City & State	9	City & State			4. FEI Number 20-3	2 <i>553</i> 3	0		plied For t Applicable
Zip	Country	Zip	Count	try	5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent		Name	7Name and A	ddress of New R	egistered /	Agent	
GUTIERREZ, MEDARDO 10481 NW 41 STREET DORAL, FL 33178				Street Address	(P.O. Box Number	is Not Acceptable	e)		
DORAL, FI	233176			City			FL	Zip Code	9
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of Flo			and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable, (NOT	E: Registere	d Ageni signature require	d when reinstating)		DATE		
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	9. Election Campa Trust Fund Conf			.00 May Be ded to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GUTIERREZ, MEDARDO 10481 NW 41 STREET DORAL, FL 33178	□ Delete		l				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	•				·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
12 I hereby	L certify that the information supplied w I on this report or supplemental report	ith this filing does not qualify f	or the ex my signa	emptions containe ture shall have the	ed in Chapter 119, same legal effect	Florida Statutes. I as if made under	further cer	tify that the in am an officer	nformation or director

of the corporation or the receiver or trustee empowered to execute this report a grequired 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:



Florida Profit

COSMO FOUR, INC.

PRINCIPAL ADDRESS 10481 NW 41 STREET DORAL FL 33178 US

MAILING ADDRESS 10481 NW 41 STREET DORAL FL 33178 US

Document Number P05000108254

> State FL

FEI Number NONE

> Status ACTIVE

Date Filed 08/04/2005

Effective Date NONE

Registered Agent

Name & Address

GUTIERREZ, MEDARDO 10481 NW 41 STREET DORAL FL 33178

Officer/Director Detail

Name & Address	Title	
GUTIERREZ, MEDARDO 10481 NW 41 STREET	DPST	
DORAL FL 33178 US		

Annual Reports

			
Report Yea	ır	Filed Da	te