

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-01-2006 90004 010 ***150.00

DOCUMENT # P05000108254

1. Entity Name
COSMO FOUR, INC.



Principal Place of Business
**10481 NW 41 STREET
DORAL, FL 33178 US**

Mailing Address
**10481 NW 41 STREET
DORAL, FL 33178 US**

50020260

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3255330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTIERREZ, MEDARDO
10481 NW 41 STREET
DORAL, FL 33178**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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
**DPST
GUTIERREZ, MEDARDO
10481 NW 41 STREET
DORAL, FL 33178** ☐ 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

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 23 06 305-513-9701
Date Daytime Phone #

ATTACHMENT
50000108254

Florida Profit

COSMO FOUR, INC.

PRINCIPAL ADDRESS

10481 NW 41 STREET
DORAL FL 33178 US

MAILING ADDRESS

10481 NW 41 STREET
DORAL FL 33178 USDocument Number
P05000108254FEI Number
NONEDate Filed
08/04/2005State
FLStatus
ACTIVEEffective 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 DORAL FL 33178 US	DPST

Annual Reports

Report Year	Filed Date
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