

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164516

FILED
Apr 15, 2009
Secretary of State

Entity Name: COZ MCTRAVELER ENT INC

Current Principal Place of Business:

7821 A LEXINGTON CLUB
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

7821 A LEXINGTON CLUB
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 71-0993019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFRAN, COZ
7821 A LEXINGTON CLUB
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SHAFRAN, RICHARD
Address: 7821 A LEXINGTON CLUB
City-St-Zip: DELRAY BEACH, FL 33446

Title: ST (X) Delete
Name: SHAFRAN, MARGO
Address: 7821 A LEXINGTON CLUB
City-St-Zip: DELRAY BEACH, FL 33446

Title: P (X) Delete
Name: SHAFRAN, COZ
Address: 7821 A LEXINGTON CLUB
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COZ, SHAFRAN
Address: 7821 A LEXINGTON CLUB BLVD
City-St-Zip: DELRAY BEACH, FL 33446

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 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: COZ SHAFRAN

Electronic Signature of Signing Officer or Director

PRES

04/15/2009

Date