2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000020880

1. Entity Name
EUROCOSMO CENTER, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 12: 19

Principal Place of Business	Mailing Address
13202 SW 131 STREET MIAMI, FL 33186	13202 SW 131 STREET MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
13190 SW 134 Street		13190 SW 134 Street	
Suite, Apt. #, etc. #204		Suite, Apt. #, etc. #204	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33186	Country USA	Zip 33186	Country USA

03202008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8466877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPUTO, JACQUELINE
13202 SW 131 STREET
MIAMI, FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
13190 SW 134 Street - #204

City Miami FL Zip Code 33186

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] March 20, 2008

Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	PD CAPUTO, JACQUELINE 13202 SW 131 STREET MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS 13190 SW 134 Street - #204 Miami, Fl 33186	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, LEONARDO 13202 SW 131 STREET MIAMI, FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Leslie Estevez 13190 SW 134 Street - #204 Miami, Fl 33186	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	900121418689 03/27/08--01007--014 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 3/21/08	☐ Delete	TITLE NAME STREET ADDRESS 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] March 20, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #