

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90031 037 \*\*\*150.00

**DOCUMENT # P93000037662**

1. Entity Name  
**COSMI NURSERY INC.**



Principal Place of Business  
**22290 SW 162 AVENUE  
GOULDS, FL 33170 US**

Mailing Address  
**22290 S.W. 162 AVE.  
GOULDS, FL 33170**



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0424582**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SMITH, JOSE I  
22290 SW 162ND AVE  
GOULDS, FL 33170**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	P
NAME	COSTA, TONY
STREET ADDRESS	22290 SW 162 AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	VP
NAME	COSTA, MARIA ELENA
STREET ADDRESS	22290 SW 162 AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	T
NAME	SMITH, JOSE I
STREET ADDRESS	22290 SW 162 AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	S
NAME	COSTA SMITH, MARIA ELENA
STREET ADDRESS	22290 SW 162 AVENUE
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 officers empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose I. Smith*

Date

*1/15/08*

Daytime Phone #

*305-247-3248*