

2005 FOR PROFIT CORPORATION ANNUAL REPORT


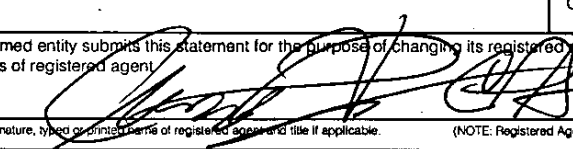
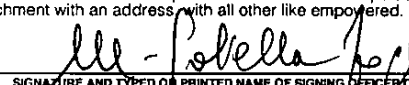
FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90029 044 ***158.75

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02022005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000046300			
1. Entity Name COBALTO, INC.			
Principal Place of Business 2121 PONCE DE LEON BLVD SUITE 721 CORAL GABLES, FL 33134		Mailing Address 306 ALCAZAR AVENUE SUITE 302 CORAL GABLES, FL 33134	
2. Principal Place of Business 306 ALCAZAR AVE.		3. Mailing Address	
Suite, Apt. #, etc. SUITE 302		Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State	
Zip 33134	Country	Zip	Country
4. FEI Number 65-0499602		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEGA, ALBERT P 2121 PONCE DE LEON BLVD SUITE 721 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 306 ALCAZAR AVE. #302 City CORAL GABLES FL 33134	
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 2/2/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FOGLIATI, MARIA G 2121 PONCE DE LEON BLVD STE 721 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 ALCAZAR AVE #302 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		06/02/05 Date Daytime Phone #	