

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # P96000032383**

1. Entity Name  
**COSMO INTERNATIONAL CORP.**



**FILED**  
06 MAR 23 PM 2:17

TALLAHASSEE, FLORIDA



03012006 Chg-P CR2E034 (11/05)

Principal Place of Business  
**601 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441 US**

Mailing Address  
**601 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441 US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**65-0657389**

Applied For  
☐ Not Applicable

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

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

**FRIEDMAN, MARIA  
601 FAIRWAY DRIVE  
DEERFIELD BEACH, FL 33441**

**7. Name and Address of New Registered Agent**

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**  
**900072290259**  
**04/27/06--01017--026 \*\*61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELMONT, J F A.V. SALAVERRY 2313 SAN ISIDRO LIMA 27 PERU, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELMONT, JANINE A.V. SALAVERRY 2313 SAN ISIDRO LIMA 27 PERU, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CABRAL, ED 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAISON, MARC 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIEDMAN, MARIA 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELGADO, ROCIO 601 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Belmont J. Fernando 601 Fairway Dr Deerfield Beach, FL, 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Janine Belmont 601 Fairway Dr Deerfield Beach, FL, 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Belmont Fernando 601 Fairway Dr Deerfield Beach, FL, 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monica Dulanto 601 Fairway Dr Deerfield Beach, FL, 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**\*Eckel MAR 28 2006**

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:** Maria Friedman **3-1-06** **9547984500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #