

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90003 034 ***150.00

DOCUMENT # P96000034897					
1. Entity Name COSLINE, INC.					
Principal Place of Business 3970 OAKS CLUBHOUSE DR. SUITE 306 POMPANO BEACH, FL 33069			Mailing Address 3970 OAKS CLUBHOUSE DR. SUITE 306 POMPANO BEACH, FL 33069		
2. Principal Place of Business		3. Mailing Address		54017145	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0660742	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TREMBLAY, GUY 3970 OAKS CLUBHOUSE DR. SUITE 306 POMPANO BEACH, FL 33069				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P KIREMIJAH, CLAUDE 7 BIS RUE DE LE'QUEDUC PARIS, FRANCE, 75010	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIREMIJAH, CLAUDE 7 BIS RUE DE LE'QUEDUC PARIS, FRANCE 75010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIREMIJAH, CLAUDE 7 BIS RUE DE LE'QUEDUC PARIS, FRANCE 75010	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIREMIJAH, CLAUDE 7 BIS RUE DE LE'QUEDUC PARIS, FRANCE 75010	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIREMIJAH, CLAUDE 7 BIS RUE DE LE'QUEDUC PARIS, FRANCE 75010	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIREMIJAH, CLAUDE 7 BIS RUE DE LE'QUEDUC PARIS, FRANCE 75010	<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: <u>Claude Kiremidjian</u>		3/5/04			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			