## 2008 FOR PROFIT CORPORATION

## Apr 11, 2008 08:00 All Secretary of State ANNUAL REPORT DOCUMENT # P96000037230 **COMET INTERNATIONAL COMPANY** Principal Place of Business Mailing Address 5228 SW 63 CT. 5228 SW 63 CT. MIAMI, FL 33155 MIAMI, FL 33155 04042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0663891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NASSAR, RICARDO J DO NOT WRITE 5228 SW 63 CT. MIAMI, FL 33155 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS (1000000091360 TITLE NAME NASSAR, RICARDO J 150.00 5228 SW 63 CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NASSAR, DANIEL NAME STREET ADDRESS 5228 SW 63 CT. CITY-ST-7(P MIAMI, FL 33155 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

04-08-08

305 661 1261

**FILED**