

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90026 030 ***158.75

DOCUMENT # P97000004402

1. Entity Name
COSMOS OF YBOR, INC.



Principal Place of Business: **6105-G MEMORIAL HIGHWAY TAMPA, FL 33615**

Mailing Address: **6105-G MEMORIAL HIGHWAY TAMPA, FL 33615**

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

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

City & State

Zip Country

4182006 Chg-P CR2E034 (11/05)

4. FEI Number: **59-3420703**

Applied For: Not Applicable:

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



6. Name and Address of Current Registered Agent

O'MALLEY, ANDREW M
712 SOUTH OREGON AVENUE
TAMPA, FL 33606

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LISS, ROBERT M
STREET ADDRESS	6105-G MEMORIAL HWY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D <input type="checkbox"/> Delete
NAME	MAESTRELLI, TERESA L.
STREET ADDRESS	6105-G MEMORIAL HWY
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Please include a Certificate of Good Standing Thank!

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: *Teresa L. Maestrelli* **5/8/06 (813) 882-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #