

**2008 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000004814

1. Entity Name
COSIL, INC.



Principal Place of Business

GILBRIDE HELLER & BROWN, P.A.
2 S. BISCAYNE BLVD., SUITE 1570
MIAMI, FL 33131

Mailing Address

GILBRIDE HELLER & BROWN, P.A.
2 S. BISCAYNE BLVD., SUITE 1570
MIAMI, FL 33131



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1046390

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELLER, LAWRENCE R ESQ.
GILBRIDE, HELLER & BROWN, P.A.
2 SOUTH BISCAYNE BLVD, STE 1570
MIAMI, FL 33131

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	DUMONTET, HECTOR
STREET ADDRESS	SUCRE 1351 COFICO
CITY-ST-ZIP	CORDOBA, ARGENTINA,
TITLE	DV
NAME	LAMAS-DUMONTET, REMONDA
STREET ADDRESS	SUCRE 1351 COFICO
CITY-ST-ZIP	CORDOBA, ARGENTINA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/08-80046-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 my address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Lawrence A. Heller
Atty-in-Fact 1/30/08 305-358350