

May 03 05 12:37P

DE LA HOZ & ASSOCIATES, PA

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90295 006 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000044099 1. Entity Name COTTON BAY ADVISORY SERVICES, INC.			
Principal Place of Business 825 BRICKELL BAY DR TOWER 3 STE 1548 MIAMI, FL 33131		Mailing Address 304 PALERMO AVE CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">50050991</div> <div style="font-size: 10px; margin-top: 5px;"> 05032005 No Chg-P CR2E034 (10/03) </div>	
4. FEI Number 65-0759906		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARMIENTO, SONIA 825 BRICKELL BAY DR TOWER III STE 1548 MIAMI, FL 33131		DO NOT WRITE 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: (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SARMIENTO, SONIA 304 PALERMO AVE CORAL GABLES, FL 33134		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			