2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # P99000063056 COSGROVE DISTRIBUTION, INC. Principal Place of Business Mailing Address 16000 NW 49TH AVENUE 16000 NW 49TH AVENUE MIAMI, FL 33014 MIAMI, FL 33014 02222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0937845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROGERS, GREGORY R DO NOT WRITE 16000 NW 49TH AVE HIALEAH, FL 33014 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE 18 \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROGERS, GREGORY 16000 NW 49TH AVE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 U00000254586 03/07/05-80080-011 150.00 MIE SHELTON, RANDALL J NAME STREET ADDRESS 16000 NW 49TH AVE HIALEAH, FL 33014 CITY-ST-7IP ME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I heroby 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:



2/22/05

305 623 6700

Daytime Phone #

FILED