

P0400008964.

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : RODOLFO J. SUAREZ, INC.

Account Number : I19990000270

Phone : (305) 718-4400

Fax Number : (305) 718-4408

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

COSMOPOLITAN 2418, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COSMOPOLITAN 2418, INC.
2. The principal office address: 1200 Brickell Avenue, Suite 1440, Miami, Florida 33131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 9, 2004 Document number: P04000089647
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Manuel A Ramirez

1200 Brickell Avenue - Suite 1440

Miami, Florida 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rodolfo J Suarez

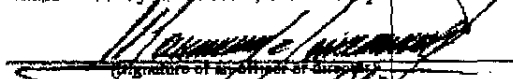
10200 NW 25th Street - Suite 207

(P.O. Box NOT acceptable)

Miami, Florida 33172

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of President or Officer)

Manuel Pacheco - President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

July 16, 2004

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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