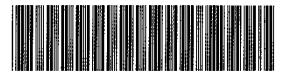
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COSTA VISION INC (Name of Corporation)
DOCUMENT NUMBER: 104000137109
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUAN MEJIA
(Name of Contact Person)
CostA VISION
(Firm/Company)
P.O. BOX 561521
(Address)
MIAMI, FL 33256
(City/State and Zip Code)
For further information concerning this matter, please call:
TUAN MERIA at (305) 790 3597 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

In order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Costa VISION, INC., 2. The principal office address: F455 SW /73 ST MIAMI, FL 33189 3. The mailing address (if different): P.O. BOX 56152/ MIAMI, FL 33256 4. Date of incorporation/qualification: P/O Document number: PO4000137109 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: MIAMI, FL 33189 6. The name and street address of the new registered agent (if changed) and for registered office on file with the Florida Department of State: MIAMI, FL 33189 6. The name and street address of the new registered agent (if changed) and for registered office on file with the Florida Department of State: MIAMI, FL 33189 6. The name and street address of the new registered agent (if changed) and for registered office on file with the Florida Department of State: MIAMI, FL 33189 6. The name and street address of the new registered agent (if changed) and for registered office on file with the Florida Department of State: MIAMI, FL 33189 6. The name and street address of the power of the business of the business of the Same as changed will be identical. Such change was authorized by resolution of the change. (Signature of the composition in the proper and complete performance of my duties, and I am population as a prostered agent and agree to act in this capacity, I further agree to a completion of the proper and complete performance of my duties, and I am population as a prostered agent and agree to act in the proper and complete performance of my duties, and I am population as a prostered agent and agree to act in the proper and complete performance of my duties, and I am population as a prostered agent and agree to act in the proper and complete performance of my duties, and I am population as a prostered agent and agree to a complete performance of my duties, and I am population as a prostered agent	2	s 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
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		4/10/07
If signing on behalf of an entity:	(Signature of Registered Agent)	(Date)
	If signing on behalf of an entity:	
(Typed or Printed Name)	(Typed or Printed Name)	

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

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