## 2005 FOR PROFIT CORPORATION

## FILED May 03, 2005 08:00 AM e

	AUMUA	L KEPUK I				11110	ecretary	~ C C 4 ~ 4
DOCUMENT # P95000094400  1. Entity Name KOSMOS OF MIAMI, INC.						5	ecretary (	oi Sta
Principal Pla	ce of Business	Mailing Address		<u> </u>	1			
2121 SW 2 MIAMI, FL	7TH AVE.	12871 NW 8 STREET MIAMI, FL 33182						
2. Principal	Place of Business	3. Mailing Address						<b> </b>
Suite, Apt. #, etc.		Suite, Apt # etc.		04222005	Chg-P	CR2E034 (10/03)	1	
City & Sta	ite	City & State		4. FEI Numb		<del></del> -	pplied For_	
Zıp	Country	Zip	Country		65-0631504 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and	Address of New F		
ORTIZ, JA 2121 SW MIAMI, FL	27 AVENUE			Name Street Address (	P.O. Box Numb	er is Not Acceptable	е)	
ļ				City	<u> </u>		FL Zip Coo	de
8. The above the obliga	e named entity submits this statemen tions of registered agent.	t for the purpose of changing it	s register	ed office or register	red agent, or bot	h, in the State of Flo		, and accept
SIGNATURE.	Signature, lyped or printed name of registered ap	ent and title if applicable (NO	TE Redistere	d Agent signature required	when re-instance)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa	aign Finar	ncing <b>_ \$5.</b>	.00 May Be ed to Fees			
10.	OFFICERS AN	ND DIRECTORS	11.		,DDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
TITLE NAME	PSD	Delete Titu					☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	1		et aodress -st-zip		05/05/05	0359839 -80009-017 1!	50.00	
TITLE	☐ Delete ☐ 147LE		1			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				
TITLE	☐ Delete ITTLE		í			☐ Change	☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP				ET ADDRESS - S1-ZIP				
TITLE		☐ Delete	THE			<del>/</del>	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		3 .		ET ADDRESS ST-ZIP				
TITLE		☐ Detete	: ।	I			☐ Change	☐ Addition
NAME Street address City-St-Zip				et adoress St-zip				
TITLE		☐ Delete	TITLE	ì		·	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	·		4	ET ADDRESS ST-ZIP				
12. I hereby of indicated of the corchanged,	pertify that the information supplied won this report or supplemental report poration or the receiver or trustee emor on an attachment with an address	oth this filling does not qualify for the true and accurate and that in powered to execute this report s, with all other like empowered.	r the exer ny signat as requir	nption stated in Secure shall have the sed by Chapter 607,				
SIGNAT	URE: JU DU SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR	04-15	-2775	315 226 2 Daytime Phone #	1443.