2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2008 8:00 am Secretary of State DOCUMENT # P96000069656 03-24-2008 90058 034 ***150 00 1. Entity Name COSMOPOLITAN REALTY INC. Principal Place of Business Mailing Address 10481 NW 41ST 10481 NW 41ST MIAMI, FL 33178 MIAMI, FL 33178 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0691595 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTIERREZ, MEDARDO E Street Address (P.O. Box Number is Not Acceptable) 10481 NW 41 ST MIAMI, FL 33178 Zip Code FL 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 IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition Delete TITLE Change GUTIERREZ, MEDARDO E NAME NAME STREET ADDRESS 10481 NW 41 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33178 🔀 Delete TITLE TITLE 🔀 Change Addition GLADYS HERNANDEZ NAME GUTIÉRREZ, MELISSA B NAME 10481 NW 41 ST 10481 NW 41 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP MIDHI FL TEESURE TITLE ☐ Delete THTLE ☐ Change X Addition MEDARDO E. GUTIETREZ. NAME NAME 10481 NW 41 ST 33178. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🗌 Change Addition 🗌 TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 IKA empowered.

FICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TY

FILED