

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 339209

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: COSTA NURSERY FARMS, INC.

## Current Principal Place of Business:

22290 S W 162ND AVE  
GOULDS, FL 33170

## New Principal Place of Business:

## Current Mailing Address:

22290 S W 162ND AVE  
GOULDS, FL 33170

## New Mailing Address:

FEI Number: 59-1229374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ FRAGA P.A.  
2100 SALZEDO ST SUITE 300  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

SUAREZ, ALBERTO J  
22290 SW 162 AVENUE  
MIAMI, FL 33170 US

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.

SIGNATURE: ALBERTO J SUAREZ

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COB ( ) Delete  
Name: COSTA, JOSE A JR  
Address: 22290 SW 162ND AVE.  
City-St-Zip: GOULDS, FL 33170

Title: V ( ) Delete  
Name: COSTA, JOSE A III  
Address: 22290 SW 162ND AVE.  
City-St-Zip: GOULDS, FL 33170

Title: S ( ) Delete  
Name: SMITH, MARIA C  
Address: 22290 SW 162ND AVE.  
City-St-Zip: GOULDS, FL 33170

Title: P ( ) Delete  
Name: SMITH, JOSE I  
Address: 22290 SW 162ND AVE.  
City-St-Zip: GOULDS, FL 33170

Title: T ( ) Delete  
Name: SUAREZ, ALBERTO J  
Address: 22290 SW 162ND AVE.  
City-St-Zip: GOULDS, FL 33170

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO J. SUAREZ

T

04/26/2007

Electronic Signature of Signing Officer or Director

Date