


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90102 030 \*\*\*\*61.25

<b>DOCUMENT # N99000002692</b>		
1. Entity Name <b>COSTA BRAVA ASSOCIATION, INC.</b>		
Principal Place of Business <b>300 ARAGON AVENUE SUITE 210 CORAL GABLES FL 33134</b>		Mailing Address <b>300 ARAGON AVENUE SUITE 210 CORAL GABLES FL 33134</b>
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State		City & State		4. FEI Number <b>65-0922382</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>GAINZOS, ROGELIO C/O GABLES PROFESSIONAL MANAGEMENT CO. 300 ARAGON AVE STE 210 CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent	
				Name <b>MAITE AZCOITIA</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>4857 NW 108th Court</b>	
				City <b>Miami</b>	
				FL Zip Code <b>33178</b>	

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 *Uberto Lee Catala* **3/31/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW. FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AZCOITIA, MAITE 4857 NW 108TH CT. MIAMI FL 33178 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KETTEL, JAMES 4842 NW 107TH PLACE MIAMI FL 33178 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Edwardo Andrade</i> 601 ALCAZAR AVE. Coral Gables, FL. 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARQUEZ, MARIANO 4877 NW 108TH CT. MIAMI FL 33178 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Monica Villebas</i> 4897 N.W. 108th Pl. Miami, FL. 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCKHART, JOSE V 10861 NW 48TH LANE MIAMI FL 33178 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABREGA, EVISABEL 4873 NW 108TH PATH MIAMI FL 33178 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 like empowered.

SIGNATURE: *Uberto Lee Catala* **3/31/05** **954-357-7600**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #