

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90298 034 \*\*\*150.00

<b>DOCUMENT # P01000098680</b> 1. Entity Name VIRGINIA M. COSTA, P.A.			
Principal Place of Business 848 BRICKELL KEY DRIVE #803 MIAMI, FL 33131		Mailing Address 848 BRICKELL KEY DRIVE #803 MIAMI, FL 33131	
2. Principal Place of Business 2828 Coral Way Suite, Apt. #, etc. Suite # 450 City & State Miami, FL Zip 33145 Country USA		3. Mailing Address 2828 Coral Way Suite, Apt. #, etc. Suite # 450 City & State Miami, FL Zip 33145 Country USA	
4. FEI Number 65-1146135		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent COSTA, VIRGINIA M 848 BRICKELL KEY DRIVE #803 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name COSTA, VIRGINIA M. Street Address (P.O. Box Number is Not Acceptable) 2828 Coral Way, Suite 450 City Miami FL Zip Code 33145	
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:  DATE: 4/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTA, VIRGINIA M 1101 BRICKELL AVENUE SUITE 1801 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTA, VIRGINIA M 2828 Coral Way, Suite 450 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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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 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 like empowered. SIGNATURE:  DATE: 4/7/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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