

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 339209

FILED
Apr 27, 2006
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:

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: _____

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 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: JOSE SMITH

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date