## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 664488**

1. Entity Name COSTA PROPERTIES, INC.

**FILED** Jan 20, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

2605 E. ATLANTIC BLVD

JOHN COSTA J

SIGNATURE:

**STE 213A** 

2605 E. ATLANTIC BLVD

POMPANO BCH, FL. 33062

STE 213A POMPANO BCH, FL 33062 Mailing Address

2605 E. ATLANTIC BLVD

STE 213A

POMPANO BCH, FL 33062



	NOT	MOITE	IN THIS	CDACE
UU.	NUI	WKIIE	IN THIS	SPALE

5. Name and Address of Current Registered Agent

No Chg-P CR2E034 (11/05) 01162006 4. FEI Number Applied For 59-1970820

5. Certificate of Status Desired

Not Applicable **\$8.75** Additional

Fee Required

DO NOT WRITE IN THIS SPACE

		1		i i				
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 registored agent and title if applicable (NOTE, Rogistared Agent signature required when reinstating)  DATE								
organismo, righor or partico inclusivo in organizatio unani oppropore (por inclusivo Ageni arginizatio exputero winei ramadority) DATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			cing 🗖	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COSTA, JOHN J. 2621 N.E. 3 ST. POMPANO BEACH, FL 33062				Monopoodaga			
TITLE HAME STREET ADDRESS CITY-ST-ZIP					01/24/06-80037-008 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TATLE NAME STREET ADDRESS CITY-ST-ZIP		-		IN '	THIS SPACE			
TITLE NAME STREET ADDRESS GRY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · ·	<del>-</del>			
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 like empowered.								
SIGNATURE OF ALT TWO JOHN I. ROSTA PRES. ILIAM GOVTOLODUT								