

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90403 048 \*\*\*\*61.25

**DOCUMENT # 739698**

1. Entity Name

**COSTA BELLA ASSOCIATION, INC.**



Principal Place of Business

**1450 S BRICKELL BAY DRIVE  
MIAMI FL 33131-3612**

Mailing Address

**1450 BRICKEL BAY DR  
OFFICE  
MIAMI FL 33131  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1754406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKILD INC  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP  
NAME LIANE, HARTINEZ ☒ Delete  
STREET ADDRESS 1450 BRICKELL BAY DR 1501  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☒ Addition  
NAME **Storia Caballero**  
STREET ADDRESS **1450 Brickell Bay Drive # 1110**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE D ☒ Delete  
NAME ARMANDO, VALEARCE  
STREET ADDRESS 1450 BRICKELL BAY DRIVE #1610  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME PEREZ, JOAQUIN  
STREET ADDRESS 1450 BRICKEL BAY DR #2003  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME GRISELDA, GUERRA  
STREET ADDRESS 1450 BRICKELL BAY DRIVE #1412  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
NAME **Griselda Guerra**  
STREET ADDRESS **1450 Brickell Bay Drive #1412**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE S ☐ Delete  
NAME MERCEDES-GOMEZ, LUZ  
STREET ADDRESS 1450 BRICKELL BAY DR 311  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
NAME **LUZ M. Gomez**  
STREET ADDRESS **1450 Brickell Bay Drive # 1714**  
CITY-ST-ZIP **Mi**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01-02-04 305-3733100**