

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739698

FILED
Apr 23, 2008
Secretary of State

Entity Name: COSTA BELLA ASSOCIATION, INC.

Current Principal Place of Business:

1450 S BRICKELL BAY DRIVE
MIAMI, FL 331313612

New Principal Place of Business:

Current Mailing Address:

1450 BRICKEL BAY DR
OFFICE
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-1754406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKILD INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SIEGFRIED RIVERA LERNER DELATORRE SOBEL PA
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

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: JOAQUIN PEREZ

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CABALLERO, GLORIA
Address: 1450 BRICKELL AY DRIVE #1110
City-St-Zip: MIAMI, FL 33131

Title: DP () Delete
Name: PEREZ, JOAQUIN
Address: 1450 BRICKEL BAY DR #2003
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: MARTINEZ, LIANE
Address: 1450 BRICKELL DAY DR 1501
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MAGNANO, JUAN PABLO
Address: 1450 BRICKELL BAY DR 1903
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: HENENDEZ, IDALMIS
Address: 1450 BRICKELL BAY DRIVE, # 1010
City-St-Zip: MIAMI, FL 33131

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN PEREZ

DP

04/23/2008

Electronic Signature of Signing Officer or Director

Date