

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003476

FILED
Apr 29, 2004
Secretary of State

Entity Name: COSTA CAROLINA, INC.

Current Principal Place of Business:

1468 BEAR CREEK ROAD
LEICESTER, NC 28748

New Principal Place of Business:

Current Mailing Address:

22290 S.W. 162ND AVENUE
GOULDS, FL 33170

New Mailing Address:

FEI Number: 73-1635516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTA NURSERY FARMS, INC.
22290 S.W. 162ND AVENUE
GOULDS, FL 33170 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: P () Delete
Name: SMITH, MARIA C
Address: 22290 S.W. 162ND AVENUE
City-St-Zip: GOULDS, FL 33170

Title: VP () Delete
Name: SMITH, JOSE I
Address: 22290 S.W. 162ND AVENUE
City-St-Zip: GOULDS, FL 33170

Title: T () Delete
Name: SUAREZ, ALBERTO J
Address: 22290 S.W. 162ND AVENUE
City-St-Zip: GOULDS, FL 33170

Title: S () Delete
Name: COSTA, JOSE A III
Address: 22290 S.W. 162ND AVENUE
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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

VP

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date