

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90031 038 ***150.00

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1. Entity Name
COSTA CAROLINA, INC.



Principal Place of Business
**1468 BEAR CREEK ROAD
LEICESTER, NC 28748**

Mailing Address
**22290 S.W. 162ND AVENUE
GOULDS, FL 33170**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1635516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUAREZ, ALBERTO J
22290 S.W. 162ND AVENUE
GOULDS, FL 33170**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SMITH, JOSE I**
STREET ADDRESS **22290 S.W. 162ND AVENUE**
CITY-ST-ZIP **GOULDS, FL 33170**

TITLE **VP**
NAME **COSTA, JOSE A III**
STREET ADDRESS **22290 S.W. 162ND AVENUE**
CITY-ST-ZIP **GOULDS, FL 33170**

TITLE **T**
NAME **SUAREZ, ALBERTO J**
STREET ADDRESS **22290 S.W. 162ND AVENUE**
CITY-ST-ZIP **GOULDS, FL 33170**

TITLE **S**
NAME **SMITH, MARIA C**
STREET ADDRESS **22290 S.W. 162ND AVENUE**
CITY-ST-ZIP **GOULDS, FL 33170**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Alberto J. Suarez 1/21/08 305.247-3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #