


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K61586</b> 1. Entity Name <b>THE COSTOYA PARTNERSHIP INC.</b>	
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Principal Place of Business <b>3850 SW 87 AVE. SUITE 303 MIAMI, FL 33165</b>	Mailing Address <b>3850 SW 87 AVE. SUITE 303 MIAMI, FL 33165</b>
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0100668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**COSTOYA, DOMINGO H.  
1610 SW 92ND AVE.  
MIAMI, FL 33165**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D COSTOYA, DOMINGO H. 1610 S.W. 92ND AVE MIAMI, FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COSTOYA, DOMINGO H JR. 1610 SW 92ND AVE. MIAMI, FL 33165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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04/07/08-80040-023 150.00

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:** Domingo H. Costoya **DATE:** 3-17-08 **DAYTIME PHONE #:** (305) 4857497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR