

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007243

FILED
Jan 18, 2007
Secretary of State

Entity Name: COSTA FOUNDATION INC.

Current Principal Place of Business:

6500 SW 98 ST
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

% K.L. GRAGG, WHITE & CASE, LLP
200 S BISCAYNE BLVD., #4900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1052664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE & CASE, LLP
% K. LAWRENCE GRAGG
200 S BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: MENDEZ CHANTRES, MELISA
Address: 9234 S.W. 9TH TERRACE
City-St-Zip: MIAMI, FL 33174

Title: DV () Delete
Name: COSTA, MIRTA
Address: 6500 SW 98 STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: MENDEZ, MICHAEL
Address: 9234 S.W. 9TH TERRACE
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: COSTA, OSVALDO
Address: 6500 SW 98 STREET
City-St-Zip: MIAMI, FL 33156

Title: P () Delete
Name: MENDEZ, MICHAEL
Address: 9234 SW 9 TERRACE
City-St-Zip: MIAMI, FL 33174

Title: VPS () Delete
Name: MENDEZ, ANDREW R
Address: C/O 6500 SW 98 STREET
City-St-Zip: MIAMI, FL 33156

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:

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 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: MICHAEL MENDEZ

P

01/18/2007

Electronic Signature of Signing Officer or Director

Date