2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007768



FILED May 04, 2004 8:00 am Secretary of State

1. Entity Nam COSTENO ATLANTIC	OS UNIDOS PRO-DE CA DE NICARAGUA,	SARROLLO INC.	DE LA COST	A			03-04-2004	90213 03	99 *******01	.23	
Principal Place 8815 SW 134			g Address 5 SW 134TH COUR	Ţ				***	•••		
MIAMI, FL 33186		MIAM	MIAMI, FL 33186				<i>474/L</i>)	/ <i>12</i>	III 6 1 1661	
2. Principal Place of Business		3. Mail	3. Mailing Address								
Suite, Act. #, etc.		Su	Suite, Apt. #, etc.			04152004	04152004 Chg-NP CR2E037 (10/03)				
City & State	•		y & State			4. FEI Number 76-07189	32	, ,=		plied For t Applicable	
Zip	Country	Zip		Countr	ý 	5. Certificate of			\$8.75 Add ee Required	itional i	
	6. Name and Address of C	Current Registere	d Agent		Name	7. Name and A	dress of New P	legistered A	gent		
JOHNSON, DAVID A 8815 SW 134TH COURT MIAMI, FL 33186					Street Addre	ess (P.O. Box Number	s Not Acceptable	9)			
	•				City		<u></u>	FL	Zip Code	<u> </u>	
	named entity submits this state	ement for the purp	ose of changing its	registered	office or reg	gistered agent, or both,	in the State of Flo	—	amiliar with,	and accept	
	none or registered agent.										
SIGNATURE .										<u></u>	
SIGNATURE .	Signature, typed or printed name of registr	tered agent and title if app				equired when reinstating)		DATE			
SIGNATURE .		tered agent and title if app	9. Election Car Trust Fund C	mpaign Fina	ancing _	\$5.00 May Be Added to Fees		DATE lake check rida Depart			
10.	Signature, typed or printed name of registr Filling Fee is \$61.25 Due by May 1, 2004 OFFICERS	tered agent and tide if app	9. Election Car Trust Fund C	mpaign Fina Contribution	ancing _	\$5.00 May Be	Floi	lake check rida Depart	ment of St	10	
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10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS PD GREEN, LEONARDO E 2990 WENTWORTH WESTON, FL 33133		9. Election Car Trust Fund C	mpaign Fina Contribution 11. TITLE NAME	ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Floi	lake check rida Depart	ment of St	10	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONACHORA HARINA CHENA

305-756-8258