

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038553

FILED
Jul 15, 2004
Secretary of State

Entity Name: COSTA NORTE CONSULTING, INC.

Current Principal Place of Business:

6747 CHERRY GROVE CR
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6747 CHERRY GROVE CR
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3711043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIETROSEMOLI, ALFREDO
6747 CHERRY GROVE CR
ORLANDO, FL 32809

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIETROSEMOLI, ALFREDO
Address: 6747 CHERRY GROVE CR
City-St-Zip: ORLANDO, FL 32809

Title: VSD () Delete
Name: CUGNO, MARIANGELA
Address: 6747 CHERRY GROVE CR
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CUGNO, MARIANGELA
Address: 6747 CHERRY GROVE CR
City-St-Zip: ORLANDO, FL 32809

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: ALFREDO PIETROSEMOLI

PD

07/15/2004

Electronic Signature of Signing Officer or Director

Date