2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2005 8:00 am Secretary of State

		7				,		ury v	<i>,</i>		
DOCUMENT # P01000038553 1. Entity Name COSTA NORTE CONSULTING, INC.							05-18-2005 90028 013 ***150.00				
Principal Place of Business			Mailing Address				٠,				
6747 CHERRY GROVE CR			•				. ,	• •			
ORLANDO, FL 32809			6747 CHERRY GROVE CR Orlando, Fl. 32809								
OKLANDO, II	L J2003		OKLANDO, FL 320	03							
)	1812 HOLL BOOK 6114 61	III 41114 1011 ii			
2. Principal Place of Business			3. Mailing Address								
)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
						04272005	Chg-P	CH2E0	34 (10/03)		
City & State			City & State			4. FEI Numbe	<u> </u>		Ap	plied For	
·			·			59-371			No	t Applicable	
Zip	Zip Country		Zip Cou		ntry				\$8.75 Add	litional	
					•	5. Certificate	of Status Desired		Fee Require		
•	6. Name	and Address of Current	Registered Agent		i	7. Name and	Address of New	Registered A	Agent		
					Name						
PIETROSE	EMOLI, AL	FREDO		-							
6747 CHERRY GROVE CR					Street Addre	ess (P.O. Box Numbe	er is Not Acceptab	ele)			
ORLANDO, FL 32809					ļ						
					City			FL	Zip Cod	е	
The above named entity submits this statement for the purpose of changing its registered office or registere											
	named entitions of regist		or the purpose of changing	g its register	ed office or reg	jistered agent, or bo	h, in the State of F	lorida. I am	lamiliar with,	and accept	
(ind obligati	ona or regia	ored agent.									
SIGNATURE_											
	Signature, typed	or printed name of registered agen	t and title if applicable.	NOTE: Register	ed Agent signature re	quired when reinstating)		DATE			
FILE	E NOW!!!	FEE IS \$150.00	9. Election Car		~ —	\$5.00 May Be					
		5 Fee will be \$550.	.00 Trust Fund (Contribution.	. 🛄	Added to Fees					
10. OFFICERS AND DIRECTORS 1						ADDITIONS	CHANCES TO DE	EICEDS AND	DIRECTOR	2 INI 1 1	
	PD	OT TOLING AIRL		11.		ADDITIONS	CHANGES TO OF	FICERS AND			
TITLE	_	EMOLI, ALFREDO	☐ Delete	ίπι	I				☐ Change	☐ Addition	
NAME STREET ADDRESS	l	·		NAM							
CITY-ST-ZIP	1	RRY GROVE CR			EET ADDRESS						
G111-31-21F		O, FL 32809		Ull	/-ST-ZIP						
TITLE	VPD		Delete	TITL	.E				Change	Addition	
NAME		MARIANGELA		NAM	AE						
STREET ADDRESS	6747 CHE	RRY GROVE CR		\$TR	EET ADDRESS						
CITY-ST-ZIP	ORLAND	D, FL 32809		CHY	r-\$t-zip						
TITLE			☐ Delete	TITE	E				☐ Change	☐ Addition	
NAME				NAA	AE					_	
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						
TITLE			☐ Delete	TITL	F				☐ Change	☐ Addition	
NAME			L Delete	NAM						LJ Addition	
STREET ADDRESS					EET ADDRESS						
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CITY-ST-ZIP			—		7-ST-ZIP						
CITY-ST-ZIP TITLE			☐ Delete	TITE	E				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME			☐ Delete	NAM	E AE		-		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	NAM STR	E AE EET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME				NAM STR	E AE		_		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Delete	NAA STR CIT	E AE EET ADDRESS (-ST-ZIP			100	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAA STR CIT' TITL NAA	E AE EET ADDRESS (-ST-ZIP						

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any accuracy fails all other like empowered.

CITY-ST-ZIP

SIGNATURE:__

ATURE AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR MECTOR

04/14/05