

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90037 016 ***150.00

DOCUMENT # P01000070396

1. Entity Name
COSTA DORADA ASSOCIATES, INC.



Principal Place of Business

10520 NW 26TH ST.
STE C-201
MIAMI, FL 33172

Mailing Address

10520 NW 26TH ST.
STE C-201
MIAMI, FL 33172

50009980



2. Principal Place of Business

10520 NW 26 St.
Suite, Apt. #, etc. **C-201**

3. Mailing Address

10520 NW 26 St.
Suite, Apt. #, etc. **C-201**

04012006 Chg-P CR2E034 (11/05)

City & State

Doral, FL

City & State

Doral, FL

4. FEI Number
65-1126671

Applied For
Not Applicable

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABANAS, JOSE E
10520 NW 26TH STREET
STE C-201
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name **Cabanas, Jose E.**

Street Address (P.O. Box Number is Not Acceptable)

10520 NW 26 St. - C-201

City **Doral**

FL

Zip Code **33172**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/31/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **CABANAS, JOSE E**
STREET ADDRESS **10520 NW 26TH ST., C-201**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **Cabanas, Jose E.**
STREET ADDRESS **10520 NW 26 St. Ste. C-201**
CITY-ST-ZIP **Doral, FL 33172.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/06

Date

(305) 513 3639

Daytime Phone #

Jose E. Cabanas