

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 4:50

DOCUMENT # P01000070396

1. Entity Name

COSTA DORADA ASSOCIATES, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1126671

Applied For

Not Applicable

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
DORAL, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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 as applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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300123068973
04/11/08--01046--013 **927.50

**DO NOT WRITE
IN THIS SPACE**

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

3/27/08

Date

(305) 513 3639

Daytime Phone #

Jose E. Cabanas