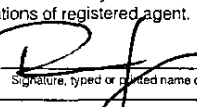
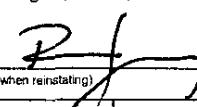


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90005 020 ***150.00

DOCUMENT # P03000080514 1. Entity Name COSTY CORPORATION			
Principal Place of Business 2742 SW 8TH ST. SUITE 202 MIAMI, FL 33135		Mailing Address 2742 SW 8TH ST. SUITE 202 MIAMI, FL 33135	
2. Principal Place of Business 10680 NW 37 terrace Suite, Apt. #, etc.		3. Mailing Address 10680 NW 37 terrace Suite, Apt. #, etc.	
City & State Miami - FL Zip 33178		City & State Miami - FL Zip 33178	
Country US		Country US	
4. FEI Number 16-1677044		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAARRAQUI, ROBERT 2742 SW 8TH ST. SUITE 202 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name MAARRAQUI, Robert Street Address (P.O. Box Number is Not Acceptable) 10680 NW 37 terrace City Miami - FL Zip Code 33178	
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  ROBERT MAARRAQUI  3/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MMRRAQUI, ROBERT 2742 SW 8TH ST. SUITE 202 MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT MAARRAQUI 10680 NW 37 terrace Miami - FL, 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.			
SIGNATURE:  ROBERT MAARRAQUI 3/8/04 305-975-1600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	