2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000148704

1. Entity Name



FILED Aug 05, 2004 8:00 am Secretary of State

Principal Place of Business 1332 WINDWARD CIRCLE 1332 WINDWARD C	COSTA FAMILY INVESTMENTS, INC.					08-05-2004 90	0006 049 ***150.	00	
Suite, Apt. #, etc. Country Zip Country To Name and Address of New Registered Agent Name COSTA, DAVID MANUEL 1332 WINDWARD CIRCLE NICEVILLE, FL 32578 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above remed entity submits this statement for the purpose of changing its registered diffee or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWHII FEE IS \$150.00 Due by September 8, 2004 PCIECRIA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MME COSTA, DAVID MANUEL SIRET ADDRESS SIRET ADDRESS OTY-ST-2P NICEVILLE, FL 32578 ITILE NOW. SIRET ADDRESS SI	1332 WINDWARD CIRCLE		1332 WINDWARD CIRCLE			 		4 MW 11 HI	
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Niceunity St.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062004	Chg-P	CR2E034 (10/03)		
S. Name and Address of Current Registered Agent COSTA, DAVID MANUEL 1332 WINDWARD CIRCLE NICEVILLE, FL 32578 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 FILE NOWILL FE IS \$150.00 Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE PD OSTA, DAVID MANUEL 1332 WINDWARD CIRCLE NICEVILLE, FL 32578 TITLE VD OBJECT OSTA, DAVID MICHAEL 1332 WINDWARD CIRCLE NICEVILLE, FL 32578 TITLE STD OBJECT NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS CITY-ST-2P NICEVILLE, FL 32578 TITLE STD OBJECT STREET ADDRESS S	City & State		, , , , , , , , , , , , , , , , , , ,		4. FEI Numb	242061	<u> </u>		
Name COSTA, DAVID MANUEL 1322 WINDWARD CIRCLE Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	1 _ '		5. Certificate	of Status Desired			
SCONTALLE, FL 32578 City FL Zip Code		6. Name and Address of Current F	Registered Agent	Ness	7. Name and	Address of New Ro	egistered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or preted name of registered agent and talle if applicable (NOTE: Registered Agent stymbure required when reinstating) DATE	1332 WINDWARD CIRCLE				Street Address (P.O. Box Number is Not Acceptable)				
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD COSTA, DAVID MANUEL STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 TITLE STD COSTA, DELEN COSTA, DELEN COSTA, DELEN COSTA, DAVID MICHAEL COSTA, HELEN COSTA COSTA COSTA CO	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								
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 10.									
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP	od in Seating 110 07/2	Vi) Elorida Stoluton			

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. David M. Costa

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-897-3169