

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028682

FILED  
Jul 04, 2005  
Secretary of State

Entity Name: USA COSTA CORP.

## Current Principal Place of Business:

7919 CRESPI BLVD #4  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

7919 CRESPI BLVD  
4  
MIAMI BEACH, FL 33141

## Current Mailing Address:

7919 CRESPI BLVD #4  
MIAMI BEACH, FL 33141

## New Mailing Address:

7919 CRESPI BLVD  
4  
MIAMI BEACH, FL 33141

FEI Number: 20-1753727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COSTA, ADOLBERTO S  
7919 CRESPI BLVD #4  
MIAMI BEACH, FL 33141 US

## Name and Address of New Registered Agent:

COSTA, ADOLBERTO J PT  
7919 CRESPI BLVD  
4  
MIAMI BEACH, FL 33141 US

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.

SIGNATURE: ADALBERTO J COSTA

07/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: COSTA, ADALBERTO J  
Address: 7919 CRESPI BLVD #4  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPS ( ) Delete  
Name: COSTA, GERMAN A  
Address: 7919 CRESPI BLVD #4  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADALBERTO J COSTA

PT

07/04/2005

Electronic Signature of Signing Officer or Director

Date