FILED
May 23, 2005 8:00 am
Secretary of State
04-20-2005 90341 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P040001522 53

1. Entity Name
MARK P COSTA INC

Principal Place of Business
3002 NE 5TH TERRACE
B-308
WILTON MANORS, FL 33334

Mailing Address
3002 NE 5TH TERRACE
B-308
WILTON MANORS, FL 33334

66018421

04152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 20-1876473 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
DICRESCENZO, ANGELA D
~~3170 N FEDERAL HIGHWAY~~
103-C
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COSTA, MARK
STREET ADDRESS	3002 NE 5TH TERRACE #B308
CITY-ST-ZIP	WILTON MANORS, FL 33324
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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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 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: Mark P Costa President 4/16/05 954 415-7313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #