

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90008 013 ***150.00

DOCUMENT # P05000019711

1. Entity Name

LACOSTA JEWELRY, CORP.



Principal Place of Business

2112 NW 20TH STREET
MIAMI FL 33142

Mailing Address

2112 NW 20TH STREET
MIAMI FL 33142



2. Principal Place of Business

2112 NW 20th St

3. Mailing Address

2112 NW 20th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

miami FL 33142

City & State

miami FL

4. FEI Number

202 307 916

Applied For

Not Applicable

Zip

33142

Country

US

Zip

33142

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTA, JULIO CESAR R
2112 NW 20TH STREET
MIAMI FL 33142

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COSTA, JULIO CESAR R
STREET ADDRESS 20520 NE 22ND PLACE
CITY-ST-ZIP AVENTURA FL 33180

TITLE VD ☐ Delete
NAME COSTA, DILZA LADEIA R
STREET ADDRESS 20520 NE 22ND PLACE
CITY-ST-ZIP AVENTURA FL 33180

TITLE SD ☐ Delete
NAME COSTA, DIEGO R
STREET ADDRESS 20520 NE 22ND PLACE
CITY-ST-ZIP AVENTURA FL 33180

TITLE TD ☐ Delete
NAME COSTA, THIAGO LADEIA R
STREET ADDRESS 20520 NE 22ND PLACE
CITY-ST-ZIP AVENTURA FL 33180

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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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 exemptions contained in Section 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

01/27/06

Date

Daytime Phone #

305 545 5151