## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P05000071590 04-26-2007 90190 046 \*\*\*150.00 MANUEL DACOSTA, INC. Mailing Address 4000000 Principal Place of Business 1800 OLD MOODY BLVD 23 Princeton Ln. LOT 616 Palm Coast, FL 32164 PALM COAST, FL 32110 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04012007 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 20-2953683 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DACOSTA, MANUEL Street Address (P.O. Box Number is Not Acceptable) 23 PRINCETON LN PALM COAST, FL 32164 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. (NOTE: Registured Agent signature required when reinstating) Signature, typed of or nied name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete 111112 TITLE DACOSTA, MANUEL NAME NAMÉ 23 Princeton Ln. STREET ADDRESS STREET ADDRESS Palm Coast, FL 32164 CITY ST ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CILY ST ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST ZIP MILE ☐ Delete ☐ Change ☐ Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY - ST - ZIP ☐ Defete HILE ☐ Change ■ Addition TITLE NAME STHEET ADDRESS STREET ADDRESS CITY - S1 - ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNING OFFICER OR DIRECTOR

4 - 23 - 0 9 386 986 - 0922 Date Davide Phone K

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