## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 08:00 AM **Secretary of State DOCUMENT # P05000106710** 1. Entity Name COSTA DEL PLAYA INC. Mailing Address Principal Place of Business 2911 SW 108 WAY 2911 SW 108 WAY DAVIE, FL 33328 DAVIE, FL 33328 No Chg-P CR2E034 (11/05) 04052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0677494 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAVAGE, BYRON P. DO NOT WRITE 2911 SW 108 WAY **DAVIE, FL 33328** IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **\$5.00** May Be  $\square$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SAVAGE, BYRON P. NAME 2911 SW 108 WAY STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** TITLE U00000704638 04/23/07-80019-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby 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:

NAME STREET ADDRESS

4-10-07 954-474-5316 Date Davine Phone #

**FILED**