


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90032 011 ***150.00

DOCUMENT # P07000031341 1. Entity Name COSTA INTEGRATED MARKETING & COMMUNICATIONS, INC.																																																																																																																																																											
Principal Place of Business 186 SE 12TH TERR #1507 MIAMI, FL 33131			Mailing Address 186 SE 12TH TERR #1507 MIAMI, FL 33131																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 1560 LENOX AVENUE			3. Mailing Address 																																																																																																																																																								
Suite, Apt. #, etc. SUITE 305			Suite, Apt. #, etc. 																																																																																																																																																								
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Country USA		Zip 		Country 																																																																																																																																																							
6. Name and Address of Current Registered Agent CORDOVA, ANGEL D 780 NW 42 AVE #416 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name 																																																																																																																																																							
				Street Address (P.O. Box Number is Not Acceptable) 																																																																																																																																																							
				City 																																																																																																																																																							
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				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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																											
DATE _____																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P COSTA, JOSE R</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">COSTA, JOSE R</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">186 SE 12TH TERR #1507</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MIAMI, FL 33131</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td 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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 a duly empowered.																																																																																																																																																											
SIGNATURE: X			JOSE R. COSTA, PRES. 1/25/08																																																																																																																																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date																																																																																																																																																								
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