

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012756

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: MIKE COSTA FOLIAGE, INC.

## Current Principal Place of Business:

14201 S.W. 216TH ST.  
MIAMI, FL 33170

## New Principal Place of Business:

## Current Mailing Address:

14201 S.W. 216TH ST.  
MIAMI, FL 33170

## New Mailing Address:

FEI Number: 65-0389736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREED, OWEN S  
150 W. FLAGLER ST.  
SUITE 2200  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COSTA, MIGUEL A  
Address: 14000 SW 216 ST  
City-St-Zip: GOULDS, FL 33170

Title: VSD ( ) Delete  
Name: KANOLD, JENNIFER C  
Address: 14201 SW 216 STREET  
City-St-Zip: MIAMI, FL 33170

Title: S ( ) Delete  
Name: FREED, OWEN S  
Address: 150 W FLAGLER STREET  
City-St-Zip: MIAMI, FL

Title: V ( ) Delete  
Name: COSTA, MICHAEL  
Address: 14201 SW 216 ST  
City-St-Zip: GOULDS, FL 33170

Title: T ( ) Delete  
Name: KANOLD, JESPER  
Address: 14201 SW 216 STREET  
City-St-Zip: MIAMI, FL 33170

Title: V ( ) Delete  
Name: COSTA, JACQUELINE  
Address: 14201 SW 216 STREET  
City-St-Zip: MIAMI, FL 33170

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE COSTA

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date