

### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Jan 10, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # P93000081327</b>	
<b>1. Entity Name</b> COSTA AIR CONDITIONING, INC.	

<b>Principal Place of Business</b> 14260 SW 136 ST BAY #6 MIAMI, FL 33186 US	<b>Mailing Address</b> 1501 SW 142 AVE MIAMI, FL 33184 US
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**DO NOT WRITE IN THIS SPACE**



<b>4. FEI Number</b> 65-0451407	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  COSTA, JOSE M 1501 SW 142 AVE MIAMI, FL 33184	<b>DO NOT WRITE IN THIS SPACE</b>
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**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 registering) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000176228 01/10/05-80080-024 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> DPT	<b>NAME</b> COSTA, JOSE M
<b>STREET ADDRESS</b> 1501 SW 142 AVE	<b>CITY-ST-ZIP</b> MIAMI, FL
<b>TITLE</b> DS	<b>NAME</b> BECK, ZAYDA
<b>STREET ADDRESS</b> 1501 SW 142 AVE	<b>CITY-ST-ZIP</b> MIAMI, FL
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
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**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 appointed 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:** Jose M Costa **1-6-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #