## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P93000081327

1. Entity Name

COSTA AIR CONDITIONING, INC.



Principal Place of Business

Mailing Address

14260 SW 136 ST

BAY #6

MIAMI, FL 33186 US

1501 SW 142 AVE MIAMI, FL 33184 US FILED Jan 23, 2008 08:00 A Secretary of State



01162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0451407

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTA, JOSE M 1501 SW 142 AVE MIAMI, FL 33184

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8	3. 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, a	ind accept
	the obligations of registered agent.		
	•		

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(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.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME	DPT COSTA, JOSE M
STREET ADDRESS CITY-ST-ZIP	1501 SW 142 AVE   MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BECK, ZAYDA 1501 SW 142 AVE MIAMI, FL
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. Thereby certify that the information supplied with this filling 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIVE

1-16-08 Date - Davine Program