2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P94000053366** 05-03-2004 90736 021 ***150.00 COSTA TROPICALS INC. Principal Place of Business Mailing Address 650 N.W. 43RD AVE. ** MIAMI FL 33126 650 N.W. 43RD AVE. MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 5563 NW 72 AVE 5563 NW 72 AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City W StateVI Applied For MTAME . FLORIDA 4. FEI Number FLORIDA 65-0504132 Not Applicable Country Country \$8.75 Additional 33166 5. Certificate of Status Desired ∡USA 33166 メ USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANTO, RANDALL Street Address (P.O. Box Number is Not Acceptable) 1960 ALÁMADA DR. N. MIAMI FL 33181 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, 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 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE ☐ Delete TITLE ☐ Change Addition CHANTO, JOSE L NAME NAME 1960 ALAMADA DR. STREET ADDRESS STREET ADDRESS N. MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition CHANTO, RANDALL NAME NAME STREET ADDRESS 1960 ALAMADA DR. STREET ADDRESS CITY-ST-ZIP N. MIAMI FL 33181 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-719 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 processor 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.

FILED

Date

Daytime Phone #