2007 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 06, 2007 08:00 A Secretary of State **DOCUMENT # P94000053366** 1. Entity Name COSTA TROPICALS INC. Principal Place of Business Mailing Address 5563 NW 72 AVE 5563 NW 72 AVE MIAMI, FL 33166 MIAMI, FL 33166 08302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0504132 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHANTO, RANDALL DO NOT WRITE 1960 ALAMADA DR. N. MIAMI, FL 33181 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. **PSD** TITLE CHANTO, JOSE L. NAME U00000773397 09/06/07-80001-011 150,00 STREET ADDRESS 1960 ALAMADA DR. CITY-ST-ZIP N. MIAMI, FL 33181 VTD TITLE CHANTO, RANDALL NAME STREET ADDRESS 1960 ALAMADA DR. CITY-ST-ZIP N. MIAMI, FL 33181 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED