2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# P94000059032

Entity Name: COSTELLO INVESTMENTS, INC.

Current Principal Place of Business:

999 WASHINGTON AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

999 WASHINGTON AVE.
MIAMI BEACH, FL 33139

New Mailing Address:

999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

FEI Number: 65-0510569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A.
999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GALBUT, ABRAHAM A
999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

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: ABRAHAM A GALBUT 01/19/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete
Name: GALBUT, RUSSELL
Address: 555 NE 15ST
City-St-Zip: MIAMI, FL 33132

Title: PSD ( ) Delete
Name: GALBUT, ABRAHAM A.
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPT (X) Change ( ) Addition
Name: GALBUT, RUSSELL W
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: PSD (X) Change ( ) Addition
Name: GALBUT, ABRAHAM A
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ABRAHAM A GALBUT PSD 01/19/2005
Electronic Signature of Signing Officer or Director Date