

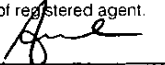
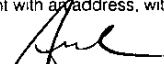


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90023 040 ***550.00

DOCUMENT # P97000038685 1. Entity Name COSTA FINANCIAL SECURITIES, INC.					
Principal Place of Business 6699 N. FEDERAL HWY. SUITE 103 BOCA RATON, FL 33487			Mailing Address 6699 N. FEDERAL HWY. SUITE 103 BOCA RATON, FL 33487		
2. Principal Place of Business 6751 N. Federal Hwy Suite, Apt. #, etc. Ste #100 City & State Boca Raton FL Zip 33487		3. Mailing Address 6751 N. Federal Hwy Suite, Apt. #, etc. Ste #100 City & State Boca Raton FL Zip 33487			
4. FEI Number 59-3448491		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTA, ANDREW G 6699 N. FEDERAL HWY. SUITE 103 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Andrew G. Costa Street Address (P.O. Box Number is Not Acceptable) 6751 N. Federal Hwy Suite 100 City Boca Raton FL Zip Code 33487		
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:  President Andrew G. Costa 6-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTA, ANDREW G 6699 N. FEDERAL HWY., SUITE 103 BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
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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:  Andrew G. Costa, President 6-27-06 561-988-2180 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					