

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90120 013 \*\*\*150.00

<b>DOCUMENT # P97000039012</b> 1. Entity Name <b>COSTA DISTRIBUTOR, INC.</b>					
Principal Place of Business <b>3837 TURTLE RUN BLVD 2522 POMPANO BEACH, FL 33067</b>			Mailing Address <b>PO BOX 480366 DELRAY BEACH, FL 33448</b>		
2. Principal Place of Business <b>7307 VIA LURIA</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>LAKE WORTH, FL</b>		City & State			
Zip <b>33467</b>		Country		4. FEI Number <b>65-0761637</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERRERA, GILBERTO 3837 TURTLE RUN BLVD CORAL SPRINGS, FL 33067</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7307 VIA LURIA</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>		
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:  DATE:					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRERA, GILBERTO 3837 TURTLE RUN BLVD # 2525 CORAL SPRINGS, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7307 VIA LURIA LAKE WORTH, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERRERA, SILVIA 3837 TURTLE RUN BLVD #2525 CORAL SPRINGS, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7307 VIA LURIA LAKE WORTH, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			Date <b>4-30-05</b> Daytime Phone # <b>(561) 434-1135</b>		