

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90068 006 ***150.00

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03252004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000019647					
1. Entity Name COSTA AZUL INTERNATIONAL CORP.					
Principal Place of Business 13260 SW 9TH LANE MIAMI, FL 33184			Mailing Address 13260 SW 9TH LANE MIAMI, FL 33184		
2. Principal Place of Business 11373 W. FLAGLER ST.		3. Mailing Address 11373 W. FLAGLER ST.			
Suite, Apt. #, etc. #202		Suite, Apt. #, etc. #202			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0900191	
Zip 33174		Country USA		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent GARCIA, PABLO 13260 SW 9TH LANE MIAMI, FL 33184			7. Name and Address of New Registered Agent Name PABLO GARCIA Street Address (P.O. Box Number is Not Acceptable) 13260 SW 9TH LANE City MIAMI FL Zip Code 33184		
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. PABLO GARCIA REGISTERED AGENT SIGNATURE X (NOTE: Registered Agent signature required when reinstating) DATE 03/25/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 GARCIA, PABLO 13260 SW 9TH LANE MIAMI, FL 33184 <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		
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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. PABLO GARCIA PRESIDENT SIGNATURE: X (784) 488-8805 Date 03/25/04 Daytime Phone #					