2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000019647 1. Entity Name COSTA AZUL INTERNATIONAL CORP.			03-29-2004 90068 006 ***150.00			
Principal Place of Business 13260 SW 9TH LANE MIAMIT, FL 33184		Mailing Address 13260 SW 9TH LANE MIAMI; FL 33184		94038350		
Principal Place of Business 3. Mailing Address						
11373 W. FLACLER ST. 11373 W. FLACLER		LAGLER S	1 100.1100.1 170 13110 10111 00111 00111 00111		BBI IS 1881	
Sujte, Apt. #, etc. #203		Suite, Apr. #, etc. # 202		03252004 Chg-P	CR2E034 (10/03)	
City & State	e, FL	City & State	FL.	4. FEI Number 65-0900191		olied For Applicable
Zip 3317	Country USA	Zip 33174	Country // S //	5. Certificate of Status Desired	\$8.75 Addit	tional
	5_Name and Address of Current F			7. Name and Address of New F		
GARCIA, PABLO Name PAGLO GARCIA						
13260 SW 9TH LANE			Street Address	dress (P.O. Box Number is Not Acceptable)		
MIAMI; FL	33104		_			
	\		Sylian		FL Zip Code	184
8. The above	named entity sobmits this statement for	the purpose of changing its r	eaistered office or regist	tered agent, or both, in the State of Flo	orida. I am familiar with, a	and accept
the obligat	ions of registered agent	•	PABLO GAR		23 6.00	12/
SIGNATURE_	Signature, typed or puried name of rigistered agent a	nd title if applicable. (NOTE:	Registered Agent signature requi	ED AGENT ired when reinstating)	DATE	09
Fill After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		5.00 May Be dded to Fees		•
FIL After Ma	ay 1, 2004 Fee will be \$550.0 OFFICERS AND D	Trust Fund Contri		5.00 May Be dded to Fees ADDITIONS/CHANGES TO OFF		IN 11
After Ma	ay 1, 2004 Fee will be \$550.0 OFFICERS AND I	Trust Fund Contri	11.	dded to Fees	ICERS AND DIRECTORS	IN 11
After Ma	OFFICERS AND DEPTH OFFICERS AND	Trust Fund Contri	bution. A	dded to Fees		
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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 of 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.

AND WED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2V/OK (784)488-880