

2007 FOR PROFIT CORPORATION ANNUAL REPORT


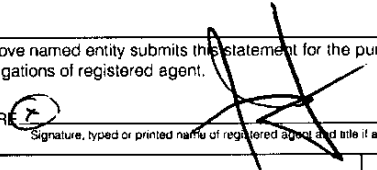
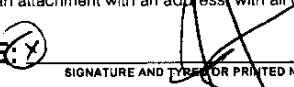
FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90323 050 ***150.00

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04112007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000019647					
1. Entity Name COSTA AZUL INTERNATIONAL REALTY CORP					
Principal Place of Business 7875 NW 12 ST., STE. #101 MIAMI, FL 33126			Mailing Address 7875 NW 12 ST., STE. #101 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0900191	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, PABLO 13260 SW 9TH LANE MIAMI, FL 33184			Name GARCIA PABLO Street Address (P.O. Box Number is Not Acceptable) 7875 NW 12 ST #101 City MIAMI FL Zip Code 33126		
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:  (NOTE: Registered Agent signature required when reinstating) DATE PABLO GARCIA REGISTERED AGENT 04/11/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA PABLO 7875 NW 12 ST. #101 MIAMI FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PAGES, ROSA M 200 NW 87 AVE APT J-106 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PAGES ROSA M. 7875 NW 12 ST. #101 MIAMI FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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:  PRESIDENT 04/11/07 (305) 597-7289					