

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN -4 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000040047					
1. Entity Name COSTA CLEANING SERVICE, INC.					
Principal Place of Business 1222 BERMUDA LAKES LN., SUITE 207 ORLANDO, FL 32837			Mailing Address 1222 BERMUDA LAKES LN., SUITE 207 ORLANDO, FL 32837		
2. Principal Place of Business 331 DRAKE ELM DR.		3. Mailing Address 331 DRAKE ELM DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KISSIMMEE, FL		City & State KISSIMMEE		4. FEI Number 59-3576013	
Zip 34743		Country		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 LIMA, JOSE D 1222 BERMUDA LAKES LN APT. 207 ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name: ANA L. CYSNE COSTA Street Address (P.O. Box Number's Not Acceptable): 331 DRAKE ELM DR. City: KISSIMMEE, FL Zip Code: 34743		
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: <i>[Signature]</i> ANA L. CYSNE COSTA DATE: 5-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYSNE COSTA, ANA L 1222 BERMUDA LAKES LN., APT. 207 ORLANDO, FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 771526 ORLANDO, FL 32877	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONGULA, GUILHERME C 1222 BERMUDA LAKES LN. APT 207 ORLANDO, FL 32837 <input checked="" 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: <i>[Signature]</i> ANA L. CYSNE COSTA			Date: 407.832-4748		

PC

6/4/04