

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90023 041 \*\*\*150.00

<b>DOCUMENT # S49145</b> 1. Entity Name <b>COSTA FINANCIAL GROUP, INC.</b>			
Principal Place of Business <b>6699 N FEDERAL HWY</b> <b>103</b> <b>BOCA RATON, FL 33487</b>		Mailing Address <b>6699 N FEDERAL HWY</b> <b>103</b> <b>BOCA RATON, FL 33487</b>	
2. Principal Place of Business <b>6751 N Federal Hwy</b> Suite, Apt. #, etc. <b>Ste 100</b> City & State <b>Boca Raton FL</b> Zip <b>33487</b> Country <b>USA</b>		3. Mailing Address <b>6751 N. Federal Hwy</b> Suite, Apt. #, etc. <b>Ste 100</b> City & State <b>Boca Raton FL</b> Zip <b>33487</b> Country <b>USA</b>	
4. FEI Number <b>65-0312893</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COSTA, ANDREW G</b> <b>6699 N FEDERAL HWY STE 103</b> <b>BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>Andrew G. Costa</b> Street Address (P.O. Box Number is Not Acceptable) <b>6751 N. Federal Hwy</b> <b>Suite 100</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</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>6-27-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTA, ANDREW G 1604 NE 4TH ST. FT. LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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 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:		<b>Andrew G. Costa</b> <b>6-27-06</b> <b>561-988-2180</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

**50022510**



06272006 Chg-P CR2E034 (11/05)