


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90281 015 \*\*\*150.00

**DOCUMENT # V19473**

1. Entity Name  
**COSTA DEL SUR TRANSPORTATION, INC.**



Principal Place of Business  
**15328 SW 53RD LANE  
 MIAMI, FL 33185**

Mailing Address  
**15328 SW 53RD LANE  
 MIAMI, FL 33185**

2. Principal Place of Business  
**4281 SW 156 PI**

3. Mailing Address  
**4281 SW 156 PI**

Site, Apt. #, etc.  
**MIAMI, FL**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**


Zip  
**33185**

Country  
**USA**

Zip  
**33185**

Country  
**USA**

110411



05052005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0316784**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MORALES, TIBIZAY**  
**15328 SW 53 LANE**  
**MIAMI, FL 33185**

**7. Name and Address of New Registered Agent**

Name  
**Tibizay Morales**

Street Address (P.O. Box Number is Not Acceptable)  
**4281 SW 156 PI**

City  
**Miami**

FL Zip Code  
**33185**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MORALES, TIBIZAY	15328 SW 53 LN	MIAMI, FL 33185	<input type="checkbox"/>
SD	MORALES, JAIME JR	15328 SW 53 LN	MIAMI, FL 33185	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		4281 SW 156 PI	MIAMI, FL 33185	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4281 SW 156 PI	MIAMI, FL 33185	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Tibizay Morales* **305-986-6551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #