


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90403 048 ****61.25

DOCUMENT # 739698
 1. Entity Name
COSTA BELLA ASSOCIATION, INC.



Principal Place of Business
1450 S BRICKELL BAY DRIVE
MIAMI FL 33131-3612

Mailing Address
1450 BRICKEL BAY DR
OFFICE
MIAMI FL 33131
US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



MOORE CR2E037 (11/03)

4. FEI Number
59-1754406

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

SKILD INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LIANE, HARTINEZ	
STREET ADDRESS	1450 BRICKELL BAY DR 1501	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMANDO, VALEARCE	
STREET ADDRESS	1450 BRICKELL BAY DRIVE #1610	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PEREZ, JOAQUIN	
STREET ADDRESS	1450 BRICKEL BAY DR #2003	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME	GRISELDA, GUERRA	
STREET ADDRESS	1450 BRICKELL BAY DRIVE #1412	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	MERCEDES-GOMEZ, LUZ	
STREET ADDRESS	1450 BRICKELL BAY DR 311	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Storia Caballero</i>	
STREET ADDRESS	<i>1450 Brickell Bay Drive # 1110</i>	
CITY-ST-ZIP	<i>Miami, FL 33131</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Griselda Guerra</i>	
STREET ADDRESS	<i>1450 Brickell Bay Drive # 1412</i>	
CITY-ST-ZIP	<i>Miami, FL 33131</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>LUZ H. Gomez</i>	
STREET ADDRESS	<i>1450 Brickell Bay Drive # 1714</i>	
CITY-ST-ZIP	<i>Mi</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *[Signature]* **01-02-04** **305-3733100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #