


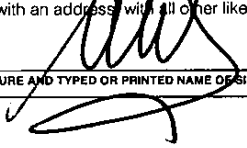
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90038 050 \*\*\*\*61.25

20031401



<b>DOCUMENT # 739698</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKILD INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S	<input type="checkbox"/> Delete	TITLE	LISA MAE MASTE HARI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABALLERO, GLORIA		NAME	1450 BRICKELL BAY DRIVE #606	
STREET ADDRESS	1450 BRICKELL AY DRIVE #1110		STREET ADDRESS	MIAMI, FL 33131	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Edalms Hernandez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, JOAQUIN		NAME	1450 BRICKELL BAY DRIVE #1010	
STREET ADDRESS	1450 BRICKEL BAY DR #2003		STREET ADDRESS	MIAMI, FL 33131	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISELDA, GUERRA		NAME		
STREET ADDRESS	1450 BRICKELL BAY DRIVE #1412		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, LUZ M		NAME		
STREET ADDRESS	1450 BRICKELL AY DRIVE #1714		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 				3/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	