


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90055 037 ****61.25

DOCUMENT # 739698 1. Entity Name COSTA BELLA ASSOCIATION, INC.	
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Principal Place of Business 1450 S BRICKELL BAY DRIVE MIAMI, FL 33131-3612	Mailing Address 1450 BRICKEL BAY DR OFFICE MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE

40073000



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1754406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SKILD INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABALLERO, GLORIA 1450 BRICKELL AY DRIVE #1110 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, JOAQUIN 1450 BRICKEL BAY DR #2003 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, LIANE 1450 BRICKELL DAY DR 1501 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNANO, JUAN PABLO 1450 BRICKELL BAY DR 1903 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENENDEZ, IDALMIS 1450 BRICKELL BAY DRIVE, # 1010 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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: _____ Date: **4/16/07** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joquin Perez