

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739698

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: COSTA BELLA ASSOCIATION, INC.

**Current Principal Place of Business:**

1450 S BRICKELL BAY DRIVE  
MIAMI, FL 331313612

**New Principal Place of Business:**

**Current Mailing Address:**

1450 BRICKEL BAY DR  
OFFICE  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 59-1754406      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SIEGFRIED RIVERA LERNER DELATORRE SOBEL PA  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JOAQUIN PEREZ      04/23/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: CABALLERO, GLORIA  
Address: 1450 BRICKELL AY DRIVE #1110  
City-St-Zip: MIAMI, FL 33131

Title: DP      ( ) Delete  
Name: PEREZ, JOAQUIN  
Address: 1450 BRICKEL BAY DR #2003  
City-St-Zip: MIAMI, FL 33131

Title: V      ( ) Delete  
Name: MARTINEZ, LIANE  
Address: 1450 BRICKELL DAY DR 1501  
City-St-Zip: MIAMI, FL 33131

Title: D      ( ) Delete  
Name: MAGNANO, JUAN PABLO  
Address: 1450 BRICKELL BAY DR 1903  
City-St-Zip: MIAMI, FL 33131

Title: T      ( ) Delete  
Name: HENENDEZ, IDALMIS  
Address: 1450 BRICKELL BAY DRIVE, # 1010  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN PEREZ      DP      04/23/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date