

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000004251

**Entity Name:** COSTANERAS 3B, S.A. CORP.**Current Principal Place of Business:**1704 WINDJAMMER LANE  
ST AUGUSTINE, FL 32084**Current Mailing Address:**1704 WINDJAMMER LANE  
ST AUGUSTINE, FL 32084 US**FEI Number:** 83-1827979**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, ROBERT J  
1704 WINDJAMMER LANE  
ST AUGUSTINE, FL 32084 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | C                     |
| Name            | MARTIN, ROBERT J      |
| Address         | 1704 WINDJAMMER LANE  |
| City-State-Zip: | ST AUGUSTINE FL 32084 |

|                 |                          |
|-----------------|--------------------------|
| Title           | VC                       |
| Name            | MARTIN-MCGINNNIS, SYLVIA |
| Address         | 1704 WINDJAMMER LANE     |
| City-State-Zip: | ST AUGUSTINE FL 32084    |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | MOORE, ROXANNE        |
| Address         | 1704 WINDJAMMER LANE  |
| City-State-Zip: | ST AUGUSTINE FL 32084 |

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT MARTIN

MANAGING PARTNER

01/22/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date