


**2005 FOR PROFIT CORPORATION ANNUAL REPORT.**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P0300045834  
 1. Entity Name  
 ALPHACOSTA INVESTMENTS, CORP.



Principal Place of Business      Mailing Address  
 9728 SW 24TH ST      9728 SW 24TH ST  
 MIAMI, FL 33165      MIAMI, FL 33165

**DO NOT WRITE IN THIS SPACE**



02112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 14-1882204      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ACOSTA, ALINA  
 9728 SW 24TH ST  
 MIAMI, FL 33165

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	DP ACOSTA, ALINA A 9728 SW 24TH ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ACOSTA, EDUARDO 9728 SW 24TH ST MIAMI, FL 33165
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100000148679  
 02/22/05-80010-001 150.00

100000148679  
 02/22/05-80010-002 8.75

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 607, 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: Edvarado Acosta      02/12/05      (305) 554 5550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #