


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90070 003 ***150.00

DOCUMENT # P03000103838

1. Entity Name
ADRIAN ACOSTA, P.A.



Principal Place of Business
8855 OKEECHOBEE BLVD., #101
WEST PALM BEACH, FL 33411

Mailing Address
8855 OKEECHOBEE BLVD., #101
WEST PALM BEACH, FL 33411

2. Principal Place of Business
3200 Hermosa Court
 Suite, Apt. #, etc.
#202


3. Mailing Address
3200 Hermosa Court
 Suite, Apt. #, etc.
#202

City & State
Palm Beach Gardens

City & State
Palm Beach Gardens

Zip
33410

Country
USA



02232004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0484681

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ACOSTA, ADRIAN
8855 OKEECHOBEE BLVD., #101
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name
Acosta, Adrian

Street Address (P.O. Box Number is Not Acceptable)
3200 Hermosa Court

#202

City
Palm Beach Gardens

State
FL

Zip Code
33410

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, ADRIAN 8855 OKEECHOBEE BLVD., #101 WEST PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Adrian Acosta **Adrian Acosta** **5/22/04** **(561) 624-7559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #