

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000174

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** ACOSTA ESTEVEZ PROFESSIONAL SERVICES , CORP.

**Current Principal Place of Business:**

1414 NW 107 AVE.  
SUITE 207  
DORAL, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

1414 NW 107 AVE.  
SUITE 207  
DORAL, FL 33172 US

**New Mailing Address:**

**FEI Number:** 26-1663769      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ACOSTA, LUIS O  
851 SW 154 PATH  
MIAMI, FL 33194 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ACOSTA, LUIS O  
Address: 851 SW 154 PATH  
City-St-Zip: MIAMI, FL 33194 US

Title: VP  
Name: ESTEVEZ, DORIS M  
Address: 851 SW 154 PATH  
City-St-Zip: MIAMI, FL 33194 US

Title: VP  
Name: LORIGA, YUNARIS  
Address: 380 WEST 33 STREET  
City-St-Zip: HIALEAH, FL 33012 US

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: LUIS O. ACOSTA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/11/2011

\_\_\_\_\_  
Date