

FOR PROFIT CORPORATION
ANNUAL REPORT (AR) -

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90008 005 ***158.75

DOCUMENT # P98000025499

1. Entity Name
ACOSTA, & SH, INC.
17220 NW 56 AV.
OPA-LOCK FL 33055



DO NOT WRITE IN THIS SPACE

✓ 20050196

2. Principal Place of Business 17220 NW 56 AVE, Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0831581		Applied For Not Applicable	
City & State OPA-LOCKA FL		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33055	Country MIAMI DADE	Zip	Country				

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	SHIHAD, ROSA ACOSTA		
Street Address (P.O. Box Number is Not Acceptable)	17220 NW 56 AVE.		
City	OPA LOCKA	FL	Zip Code 33055

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25

Make Check Payable to Florida Department of State

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	PS. SHIHAD, ROSA ACOSTA 17220 NW 56 AVE. OPA-LOCKA FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHIHADA, HASAN 17220 NW 56 AVE OPA-LOCKA FLA 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Shihadov*

06/08/06

Per conversation w/ Hasan, original annual report mailed May 1, check never cleared, requested **OVER**

A/R ACCEPTED INCOMPLETE IN ERROR.