

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M49613

FILED
Apr 22, 2009
Secretary of State

Entity Name: ACOSTA'S ENTERPRISES CORP.

Current Principal Place of Business:

12125 SW 46 STREET
MIAMI, FL 33175

New Principal Place of Business:

6515 SW 55 LANE
MIAMI, FL 33155

Current Mailing Address:

12125 SW 46 STREET
MIAMI, FL 33175

New Mailing Address:

6515 SW 55 LANE
MIAMI, FL 33155

FEI Number: 59-2800618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, CLAUDIA P.
12125 SW 46 STREET
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

ACOSTA, CLAUDIA P.
6515 SW 55 LANE
MIAMI, FL 33155 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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACOSTA, OMAR M.
Address: 12125 SW 46 STREET
City-St-Zip: MIAMI, FL 33175

Title: VSD () Delete
Name: ACOSTA, CLAUDIA P.
Address: 12125 SW 46 STREET
City-St-Zip: MIAMI, FL 33175

Title: TD () Delete
Name: ACOSTA, LINA C.
Address: 12125 SW 46 STREET
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ACOSTA, OMAR M.
Address: 6515 SW 55 LANE
City-St-Zip: MIAMI, FL 33155

Title: VSD (X) Change () Addition
Name: ACOSTA, CLAUDIA P.
Address: 6515 SW 55 LANE
City-St-Zip: MIAMI, FL 33155

Title: TD (X) Change () Addition
Name: ACOSTA, LINA C.
Address: 6515 SW 55 LANE
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OMAR M. ACOSTA

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date