

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M17022

**Entity Name:** FLORIDA CARRIER, INC.

**Current Principal Place of Business:**

C/O ENRIQUE ACOSTA  
9960 NW 116 WAY #9  
MEDLEY, FL 33178

**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**7291588090CC**

**Current Mailing Address:**

C/O ENRIQUE ACOSTA  
9960 NW 116 WAY #9  
MEDLEY, FL 33178 US

**FEI Number: 59-2553790**

**Certificate of Status Desired: No**

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

ACOSTA, ENRIQUE  
9960 NW 116 WAY  
#9  
MEDLEY, FL 33178 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: ENRIQUE ACOSTA**

**04/01/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name ACOSTA, ALEJANDRO A.  
Address 9960 N.W, 116 WAY #9  
City-State-Zip: MEDLEY FL 33178

Title PRESIDENT  
Name ACOSTA, ENRIQUE  
Address C/O ENRIQUE ACOSTA  
9960 NW 116 WAY #9  
City-State-Zip: MEDLEY FL 33178

Title TREASURER  
Name ACOSTA, ESTEBAN  
Address C/O ENRIQUE ACOSTA  
9960 NW 116 WAY #9  
City-State-Zip: MEDLEY FL 33178

Title SECRETARY  
Name ACOSTA, ENRIQUE  
Address C/O ENRIQUE ACOSTA  
9960 NW 116 WAY #9  
City-State-Zip: MEDLEY FL 33178

*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: ENRIQUE ACOSTA**

**PRESIDENT**

**04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date