

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000000174

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

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC8598582261**

**Current Principal Place of Business:**

7500 NW 25TH ST  
111  
MIAMI, FL 33122

**Current Mailing Address:**

7500 NW 25TH ST  
111  
MIAMI, FL 33122 US

**FEI Number: 26-1663769**

**Certificate of Status Desired: No**

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

ACOSTA, LUIS O  
851 SW 154 PATH  
MIAMI, FL 33194 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	ACOSTA, LUIS O	Name	ESTEVEZ, DORIS M
Address	851 SW 154 PATH	Address	851 SW 154 PATH
City-State-Zip:	MIAMI FL 33194	City-State-Zip:	MIAMI FL 33194
Title	VP		
Name	LORIGA, YUNARIS		
Address	5431 WEST 9TH CT		
City-State-Zip:	HIALEAH FL 33012		

*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**

**PRESIDENT**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date