

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000000174

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

**FILED**  
**Mar 26, 2014**  
**Secretary of State**  
**CC5665443810**

**Current Principal Place of Business:**

1414 NW 107 AVE.  
115  
DORAL, FL 33172

**Current Mailing Address:**

1414 NW 107 AVE.  
115  
DORAL, FL 33172 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  
Name ACOSTA, LUIS O  
Address 851 SW 154 PATH  
City-State-Zip: MIAMI FL 33194

Title VP  
Name ESTEVEZ, DORIS M  
Address 851 SW 154 PATH  
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**

**03/26/2014**

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

\_\_\_\_\_  
Date