2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 424214

Entity Name: ACOSTA TRACTORS INC

FILED Jul 10, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

11986 NW 97 AVE

HIALEAH GARDENS, FL 33018 US

Current Mailing Address: New Mailing Address:

11986 NW 97 AVE

HIALEAH GARDENS, FL 33018 US

FEI Number: 59-1454861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ACOSTA, FELIX F ACOSTA, FELIX F

10043 NW 131 STREET 10043 NW 131 STREET

HIALEAH GARDENS, FL 33018 US HIALEAH GARDENS, FL 33018 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: FELIX F ACOSTA 07/10/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ACOSTA, FELIX
 Name:
 ACOSTA, FELIX F

 Address:
 10043 NW 131 STREET
 Address:
 10043 NW 131 STREET

 City-St-Zip:
 HIALEAH GARDENS, FL 33018
 City-St-Zip:
 HIALEAH GARDENS, FL 33018

Title: ST () Delete Title: () Change () Addition

 Name:
 ACOSTA, MAYRA
 Name:

 Address:
 10043 NW 131 STREET
 Address:

 City-St-Zip:
 HIALEAH GARDENS, FL 33018
 City-St-Zip:

Title: V () Delete Title: VP (X) Change () Addition

 Name:
 ROS, ALEX
 Name:
 ROS, ALEX

 Address:
 10921 SW 102 CT
 Address:
 10921 SW 102 CT

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33176

Title: VP () Delete Title: VP (X) Change () Addition Name: ACOSTA, FRANK P

 Address:
 10043 N.W. 131ST STREET
 Address:
 10043 N.W. 131ST STREET

 City-St-Zip:
 HIALEAH GARDENS, FL 33018
 City-St-Zip:
 HIALEAH GARDENS, FL 33018

Title: VP (X) Delete Title: () Change () Addition

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: FELIX FACOSTA P 07/10/2008