

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 424214

FILED
Mar 17, 2009
Secretary of State

Entity Name: ACOSTA TRACTORS INC

Current Principal Place of Business:

11986 NW 97 AVE
HIALEAH GARDENS, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

11986 NW 97 AVE
HIALEAH GARDENS, FL 33018 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ACOSTA, FELIX F
10043 NW 131 STREET
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ACOSTA, FELIX F
Address: 10043 NW 131 STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: ST () Delete
Name: ACOSTA, MAYRA
Address: 10043 NW 131 STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VP () Delete
Name: ROS, ALEX
Address: 10921 SW 102 CT
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: ACOSTA, FRANK P
Address: 10043 N.W. 131ST STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ACOSTA, FRANK P
Address: 10043 NW 131 STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

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: MAYRA ACOSTA

ST

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date