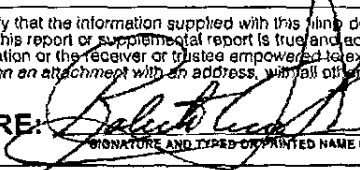


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 478469 1. Entity Name ACOSTISA CORPORATION		
Principal Place of Business 157 NAVAJO STREET MIAMI SPRINGS, FL 33016	Mailing Address 157 NAVAJO STREET MIAMI SPRINGS, FL 33016	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-2118707		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ACOSTA, ROBERTO 157 NAVAJO ST. MIAMI SPRINGS, FL 33166		
DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PT ACOSTA, ROBERTO 157 NAVAJO ST. MIAMI SPRINGS, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP ACOSTA, MARGARITA 157 NAVAJO ST. MIAMI SPRINGS, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S COHEN, JENNIFER 157 NAVAJO ST MIAMI SPRINGS, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  Roberto Acosta 3/10/06 (305) 883-6634 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



03012006 No Chg-P CR2E034 (11/05)

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