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	Mailing Address
157 NAVAJO STREET MIAMI SPRINGS, FL 33016	157 NAVAJO STREET MIAMI SPRINGS, FL 33016

DO NOT WRITE IN THIS SPACE

03012006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
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	PT
NAME	ACOSTA, ROBERTO
STREET ADDRESS	157 NAVAJO ST.
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	VP
NAME	ACOSTA, MARGARITA
STREET ADDRESS	157 NAVAJO ST.
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	S
NAME	COHEN, JENNIFER
STREET ADDRESS	157 NAVAJO ST
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/25/06-80022-006 150.00

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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 3/01/06 (305)883-6634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #