



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 478469</b>	
1. Entity Name ACOSTISA CORPORATION	

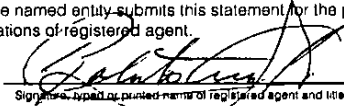
Principal Place of Business 157 NAVAJO STREET MIAMI SPRINGS, FL 33016	Mailing Address 157 NAVAJO STREET MIAMI SPRINGS, FL 33016
---	---

**DO NOT WRITE IN THIS SPACE**

	
03022007	No Chg-P CR2E034 (11/05)
4. FEI Number 59-2118707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 	DATE <u>3-10-07</u>
<small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

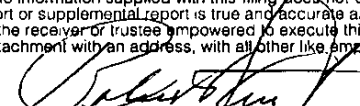
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000665102  
03/23/07-80014-016 150.00

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: 	DATE <u>3-10-07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	