

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 683821**

1. Entity Name  
**STATEWIDE CARRIER, INC.**



**Principal Place of Business**

**12060 N.W. SOUTH RIVER DRIVE  
C/O ALEJANDRO A. ACOSTA  
MEDLEY, FL 33178**

**Mailing Address**

**12060 N.W. SOUTH RIVER DRIVE  
C/O ALEJANDRO A. ACOSTA  
MEDLEY, FL 33178**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2028969** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**ACOSTA, ALEJANDRO A.  
12060 N.W. SOUTH RIVER DRIVE  
MEDLEY, FL 33178**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	PD
NAME	ACOSTA, ALEJANDRO A.
STREET ADDRESS	12060 NW SOUTH RIVER DR
CITY-STATE-ZIP	MEDLEY, FL
TITLE	ST
NAME	ELORTEGUI, MARTA
STREET ADDRESS	12060 NW S RIVER DR
CITY-STATE-ZIP	MEDLEY, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: ALEJANDRO ACOSTA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/06 (305)888-1717**  
Date Daytime Phone #