

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M49613

FILED  
May 13, 2010  
Secretary of State

**Entity Name:** ACOSTA'S ENTERPRISES CORP.

**Current Principal Place of Business:**

6515 SW 55 LANE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6515 SW 55 LANE  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 59-2800618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ACOSTA, CLAUDIA P.  
6515 SW 55 LANE  
MIAMI, FL 33155 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ACOSTA, OMAR M.  
Address: 6515 SW 55 LANE  
City-St-Zip: MIAMI, FL 33155

Title: VSD  
Name: ACOSTA, CLAUDIA P.  
Address: 6515 SW 55 LANE  
City-St-Zip: MIAMI, FL 33155

Title: TD  
Name: ACOSTA, LINA C.  
Address: 6515 SW 55 LANE  
City-St-Zip: MIAMI, FL 33155

I hereby 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 all other like empowered.

SIGNATURE: OMAR M ACOSTA

PD

05/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date