

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/12

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-12-2007 90082 002 ***150.00

DOCUMENT # P03000011487 1. Entity Name ACOSTA INTERIORS, INC.	
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Principal Place of Business 1300 STIRLING RD BAY 5B DANIA, FL 33004	Mailing Address 1300 STIRLING RD BAY 5B DANIA, FL 33004
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01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3677184	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ACOSTA, ELLIOT 1300 STIRLING RD BAY 5B DANIA, FL 33004
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**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 signatures required when "changing") DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DPTS ACOSTA, ELLIOT 1300 STIRLING RD DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-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 of this report, or on an attachment with an address, with all other persons empowered.

SIGNATURE: _____ 02-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ANNUAL REPORT**

3/12/2007-90082-002-\$150.00-\$150.00

ATTACHMENT

66067514

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01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3677184	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ACOSTA, ELLIOT
1300 STIRLING RD
BAY 5B
DANIA, FL 33004

**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 *Elliot Acosta* - OWNER 02-28-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS. ACOSTA, ELLIOT 1300 STIRLING RD DANIA, FL 33004
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #