

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057006

FILED
Jan 20, 2009
Secretary of State

Entity Name: ACOSTA SISTERS NURSERY, INC.

Current Principal Place of Business:

9505 SW 166TH AVE
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

9505 SW 166TH AVE
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-0954990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITA, BARBARA
9505 SW 166TH AVE
MIAMI, FL 33196 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VITA, BARBARA
Address: 9505 SW 166TH AVE
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: CHAVEZ, ANABEL
Address: 12501 SW 187TH ST
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: CHAVEZ, AGUSTIN
Address: 12501 SW 187TH ST
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: VITA, CHRISTOPHER
Address: 9505 S.W. 166 AVENUE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA VITA

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date