## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000109268

Address:

City-St-Zip:

FILED Feb 25, 2006 Secretary of State

Entity Na	me: ACOSTA FAMILYENTERPRISES	SINC.,	
Current Principal Place of Business:		New Principal Place of Business:	
3096 BIAN MIAMI, FL	IE STREET 33133		
Current Mailing Address:		New Mailing Address:	
3096 BIAN MIAMI, FL	IE STREET 33133		
FEI Number	: FEI Number Applied For (	) FEI Number Not Applicable (X) Certificate of Status Desired ( )	
Name and	Address of Current Registered Age	nt: Name and Address of New Registered Agent:	
ACOSTA, 3096 BIAN MIAMI, FL	IE STREET		
	named entity submits this statement fo e of Florida.	the purpose of changing its registered office or registered agent, or both,	
SIGNATU	RE:		
	Electronic Signature of Registere	d Agent Date	
Election Car	mpaign Financing Trust Fund Contribution (	).	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete ACOSTA, RICHARD 1880 BRICKELL AVE MIAMI, FL 33129	Title: P (X) Change ( ) Addition Name: ACOSTA, RICHARD Address: 3096 BLAINE STREET City-St-Zip: MIAMI, FL 33133	
Title: Name: Address: City-St-Zip:	V () Delete RODRIGUEZ, LUANY 1880 BRICKELL AVENUE MIAMI, FL 33129	Title: V (X) Change ( ) Addition Name: ACOSTA-RODRIGUEZ, LUANY Address: 1880 BRICKELL AVENUE City-St-Zip: MIAMI, FL 33129	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: MMBR ( ) Change (X) Addition Name: ACOSTA, LESLEY A Address: 3096 BLAINE STREET City-St-Zip: MIAMI, FL 33133	
Title: Name:	( ) Delete	Title: MMBR ( ) Change (X) Addition Name: RODRIGUEZ. ALEXANDER A	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

1880 BRICKELL AVENUE

MIAMI, FL 33129

SIGNATURE: LESLEY ACOSTA **MMBR** 02/25/2006