## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000164563

Entity Name: HECTOR ACOSTA, P.A.

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 114 SAN BLAS AVE. KISSIMMEE, FL 34743 **Current Mailing Address: New Mailing Address:** 114 SAN BLAS AVE KISSIMMEE, FL 34743 FEI Number: 20-3980046 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACOSTA, HECTOR 114 SAN BLAS AVE. KISSIMMEE, FL 34743 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPS ( ) Delete Title: (X) Change ( ) Addition ACOSTA, HECTRO Name: Name: ACOSTA, HECTOR 114 SAN BLAS AVE. 114 SAN BLAS AVE. Address: Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34743 Title: Title: () Change () Addition () Delete Name: SOLANO, DAMARIS Name: 114 SAN BLAS AVE. Address: Address: KISSIMMEE, FL 34743 City-St-Zip: 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.

Ρ SIGNATURE: HECTOR ACOSTA 04/13/2009