

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000164563

Entity Name: HECTOR ACOSTA, P.A.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

114 SAN BLAS AVE.  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

114 SAN BLAS AVE.  
KISSIMMEE, FL 34743

**New Mailing Address:**

FEI Number: 20-3980046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACOSTA, HECTOR  
114 SAN BLAS AVE.  
KISSIMMEE, FL 34743 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: ACOSTA, HECTOR  
Address: 114 SAN BLAS AVE.  
City-St-Zip: KISSIMMEE, FL 34743

Title: VT  
Name: SOLANO, DAMARIS  
Address: 114 SAN BLAS AVE  
City-St-Zip: KISSIMMEE, FL 34743

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: HECTOR ACOSTA

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04/23/2012

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

\_\_\_\_\_  
Date