

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040780

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: ACOSTA'S PLUMBING, CORP.

## Current Principal Place of Business:

25915 SW 123RD AVE  
HOMESTEAD, FL 33032

## New Principal Place of Business:

23177 ALASKA AVE  
PORT CHARLOTTE, FL 33952 US

## Current Mailing Address:

25915 SW 123RD AVE  
HOMESTEAD, FL 33032

## New Mailing Address:

23177 ALASKA AVE  
PORT CHARLOTTE, FL 33952 US

FEI Number: 20-4561142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ACOSTA, YADIR  
25915 SW 123RD AVE  
HOMESTEAD, FL 33032 US

## Name and Address of New Registered Agent:

ACOSTA, YADIR  
23177 ALASKA AVE  
PORT CHARLOTTE, FL 33952 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: YADIR ACOSTA

03/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ACOSTA, YADIR  
Address: 25915 SW 123RD AVE  
City-St-Zip: HOMESTEAD, FL 33032

Title: VD ( ) Delete  
Name: BETANCOURT, AYME  
Address: 25915 SW 123RD AVE  
City-St-Zip: HOMESTEAD, FL 33032

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ACOSTA, YADIR  
Address: 23177 ALASKA AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VD (X) Change ( ) Addition  
Name: BETANCOURT, AYME  
Address: 25915 SW 123RD AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: YADIR ACOSTA

P

03/29/2007

Electronic Signature of Signing Officer or Director

Date