

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055816

**Entity Name:** ACOSTA DELIVERY CORP

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3211 SE 2 DRIVE  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

3211 SE 2 DRIVE  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACOSTA, FELIPE  
3211 SE 2 DRIVE  
HOMESTEAD, FL 33033 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: PTD  
Name: ACOSTA, FELIPE  
Address: 3211 SE 2 DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: VSD  
Name: ACOSTA, LILIA M  
Address: 3211 SE 2 DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

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: FELIPE ACOSTA

PTD

05/04/2011

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

\_\_\_\_\_  
Date