

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000101740

**Entity Name:** ACOSTA TAX & ADVISORY PA

**FILED**  
**Nov 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9050 PINES BLVD, STE 363  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

9050 PINES BLVD, STE 345  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9050 PINES BLVD, STE 363  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

9050 PINES BLVD, STE 345  
PEMBROKE PINES, FL 33024

**FEI Number:** 27-4313036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACOSTA, JULIO  
9050 PINES BLVD, SUITE 363  
PEMBROKE PINES, FL 33024 US

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

ACOSTA, JULIO  
9050 PINES BLVD, SUITE 345  
PEMBROKE PINES, FL 33024 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: JULIO ACOSTA

11/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ACOSTA, JULIO  
Address: 9050 PINES BLVD, SUITE 345  
City-St-Zip: PEMBROKE PINES, FL 33024

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: JULIO ACOSTA

PD

11/21/2012

Electronic Signature of Signing Officer or Director

Date