


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000088161</b> 1. Entity Name <b>ACOSTA INSURANCE GROUP, INC.</b>	
---	---

Principal Place of Business <b>5200 BLUE LAGOON DR SUITE 750 MIAMI, FL 33126</b>	Mailing Address <b>5200 BLUE LAGOON DR SUITE 750 MIAMI, FL 33126</b>
---	---

**DO NOT WRITE IN THIS SPACE**

04132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0477958</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ACOSTA, FRANK  
5200 BLUE LAGOON DRIVE  
SUITE 750  
MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000328228 04/25/05-80068-016 150.00</b>
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ACOSTA FRANK 7241 SW 58 ST MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S ACOSTA FRANK 7241 SW 58 ST MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T ACOSTA FRANK 7241 SW 58 ST MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ACOSTA FRANK 7241 SW 58 ST MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **FRANK M ACOSTA** 4/22/05 (305) 265-8118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #