


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90036 035 ***158.75

DOCUMENT # P98000025499

1. Entity Name
ACOSTA AND SH. INC



DO NOT WRITE IN THIS SPACE

50055966

2. Principal Place of Business
17220 N W 56Ave
Suite, Apt. #, etc.
Miami FL 33055
City & State

3. Mailing Address
P O Box #139111
Suite, Apt. #, etc.
Hialeah FL 33013
City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEIN Number
65-0831581

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SHIHADA, ROSA ACOSTA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHIHADA, ROSA ACOSTA 17220 NW 56 Ave. Miami FL 33055	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SHIHADA, HASAN 17220 NW 56 AVE MIAMI FL 33055	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Shihada* **July, 12, 2005**

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

CR2E034B (12/02)

ATTACHMENT

50055966

July 15, 2005

Florida Dept. of State
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Acosta & Sh., Inc

Document No. P98000025499

Enclosed , please FIND A CHECK IN THE AMOUNT OF \$150.00 to cover the fees for renewal of year 2005.

I did not mail it before because I did not receive the form for renewal.
Please, renew my corporation for this year and be good enough to abate the penalties.
The business is very slow and I can't afford penalties.

Thank you very much for your understanding and kindness

Cordially,



Hasan Shihada, Vice President