


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000045034	
1. Entity Name ACOSTA FAMILY HOLDINGS, INC.	

Principal Place of Business C/O MARIO R. DELGADO PA 2000 PONCE DE LEON BLVD. MIAMI, FL 33134 US	Mailing Address C/O MARIO R. DELGADO PA 2000 PONCE DE LEON BLVD. MIAMI, FL 33134 US
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DO NOT WRITE IN THIS SPACE

FILED

150.00 05 APR 20 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0841627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARIO R. DELGADO, P.A.  
2000 PONCE DE LEON BLVD.  
#102  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	20052652583 4/28/05--01066--001 **7255.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, NELSON 801 SOUTH UNIVERSITY DRIVE, SUITE K103A PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2200 N. Commerce Pkwy #100 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  4-1-5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #