## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # P98000053074** 1. Entity Name 04-04-2005 90078 019 \*\*\*158.75 J.J. ÁCOSTA INC. Principal Place of Business Mailing Address 11960 RACE TRACK RD 11960 RACE TRACK RD TAMPA, FL 33626 TAMPA, FL 33626 2. Principal Place of Business 3. Mailing Address <u>13400 WRIGHT CIRCLE</u> 8822 W PATTERSON ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For TAMPA TAMDA 59-3515845 Not Applicable Country Country Ζip Zip \$8.75 Additional 5. Certificate of Status Desired 33626 <u>ப . S .</u> <u> 33615</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACOSTA, JOSE J Street Address (P.O. Box Number is Not Acceptable) 8822 W. PATERSON ST. TAMPA, FL 33615 City 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. ٠, SIGNATURE. . . . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete πιε ☐ Change ☐ Addition NAME ACOSTA, JOSE J NAME 8822 W. PATERSON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33615** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ACOSTA, DINA NAME NAME STREET ADDRESS 8822 W. PATERSON ST. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33615 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE . Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-7IP ☐ Defete MLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 artistic 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 attachi SIGNATURE

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