

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000053752

**Entity Name:** ACOSTA PHAMILY CORP.

**Current Principal Place of Business:**

6207 S. WESTSHORE BLVD #5022  
TAMPA, FL 33616

**Current Mailing Address:**

6207 S. WESTSHORE BLVD #5022  
TAMPA, FL 33616 US

**FEI Number:** 93-2528573

**Certificate of Status Desired:** No

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

ACOSTA, RAFAEL  
6207 S. WESTSHORE BLVD #5022  
TAMPA, FL 33616 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	P,VP	Title	S, T
Name	ACOSTA, RAFAEL	Name	ACOSTA, RAFAEL
Address	6207 S. WESTSHORE BLVD #5022	Address	6207 S. WESTSHORE BLVD #5022
City-State-Zip:	TAMPA FL 33616	City-State-Zip:	TAMPA FL 33616

*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:** ACOSTA, RAFAEL

**MEMBER**

**04/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date