

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90092 007 \*\*\*150.00

**DOCUMENT # 441039**

1. Entity Name  
S.W. (RED) SMITH, INC.



Principal Place of Business  
4145 SW 47TH AVE  
DAVIE, FL 33314 US

Mailing Address  
4145 SW 47TH AVE  
DAVIE, FL 33314 US

60009170



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1495752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPATZ, CARL  
3400 SW 3RD AVE.  
MIAMI, FL 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete  
NAME FOSTER, DAVID  
STREET ADDRESS 2800 W. AVIARY DR.  
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE P ☐ Delete  
NAME FOSTER, STEPHEN  
STREET ADDRESS 2 PEBBLE BEACH DRIVE  
CITY-ST-ZIP BEDFORD, NH 03110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V/D ☐ Change ☒ Addition  
NAME JONATHAN FOSTER  
STREET ADDRESS 1405 MIAMI RD. #9  
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

V/D ☐ Change ☒ Addition  
NAME TIMOTHY FOSTER  
STREET ADDRESS 347 N. NEW RIVER DR EAST - # 604  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

V ☐ Change ☒ Addition  
NAME Helena Meade  
STREET ADDRESS 2901 So. OCEAN BLVD  
CITY-ST-ZIP Highland Beach, FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*David Foster*

David Foster

Vice Pres,

1-22-07

954-581-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #