

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 452004**

1. Entity Name  
RALPH H. POLSTER ENTERPRISES, INC.



Principal Place of Business

10855 S.W. 82 AVE.  
MIAMI, FL 33156

Mailing Address

10855 S.W. 82 AVE.  
MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1537348

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

POLSTER, (RALPH H)  
10855 S.W. 82 AVE.  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLSTER, RALPH H
STREET ADDRESS	10855 S.W. 82 AVE.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	TD
NAME	POLSTER, RALPH H
STREET ADDRESS	10855 S.W. 82 AVE.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	S
NAME	POLSTER, BARBARA A
STREET ADDRESS	10855 S.W. 82 AVE.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	JOSEPH W. POLSTER
STREET ADDRESS	10855 S.W. 82 AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000949117  
06/03/08-80013-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ralph H. Polster* RALPH H POLSTER MAY 2, 2008 305-595-6584