

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 452004

FILED  
Jul 05, 2010  
Secretary of State

**Entity Name:** RALPH H. POLSTER ENTERPRISES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

10855 S.W. 82 AVE.  
MIAMI, FL 331563506

**Current Mailing Address:**

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

**New Mailing Address:**

10855 S.W. 82 AVE.  
MIAMI, FL 331563506

**FEI Number:** 59-1537348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: POLSTER, RALPH H  
Address: 10855 S.W. 82 AVE.  
City-St-Zip: MIAMI, FL 33156

Title: TD  
Name: POLSTER, RALPH H  
Address: 10855 S.W. 82 AVE.  
City-St-Zip: MIAMI, FL 33156

Title: S  
Name: POLSTER, BARBARA A  
Address: 10855 S.W. 82 AVE.  
City-St-Zip: MIAMI, FL 33156

Title: D  
Name: JOSEPH W. POLSTER  
Address: 10855 S.W. 82 AVE  
City-St-Zip: MIAMI, FL 33156

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: RALPH H POLSTER

PD

07/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date