

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454550

Entity Name: RED SMITH OF FLORIDA, INC.

FILED  
Feb 13, 2009  
Secretary of State

## Current Principal Place of Business:

7100 56TH ST.  
PINELLAS PARK, FL 33781 US

## New Principal Place of Business:

## Current Mailing Address:

4145 SW 47TH AVE  
DAVIE, FL 33314 US

## New Mailing Address:

FEI Number: 59-1630278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPATZ, CARL  
3400 SW 3RD AVENUE  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

CASACCI, JOSEPH R  
14 ROSE DRIVE  
FT. LAUDERDALE, FL 33316 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: JOSEPH R. CASACCI

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FOSTER, DAVID,  
Address: 2800 W AVIARY DR  
City-St-Zip: COOPER CITY, FL 33026 US

Title: VPD ( ) Delete  
Name: FOSTER, STEPHEN,  
Address: 2 PEBBLE BEACH DRIVE  
City-St-Zip: BEDFORD, NH 03110 US

Title: VSD ( ) Delete  
Name: FOSTER, JONATHAN  
Address: 1405 MIAMI RD #9  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VTD ( ) Delete  
Name: FISHER, TIMOTHY  
Address: 316 S.W. 12TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTD (X) Change ( ) Addition  
Name: FOSTER, TIMOTHY  
Address: 316 S.W. 12TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY FOSTER

VTD

02/13/2009

Electronic Signature of Signing Officer or Director

Date