

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90024 018 ***150.00

DOCUMENT # 482245

1. Entity Name
FENSTER FINANCIAL, INC.



Principal Place of Business

**909 VILLA CIRCLE
BOYNTON BEACH, FL 33435 US**

Mailing Address

**909 VILLA CIRCLE
BOYNTON BEACH, FL 33435 US**

40113283



08072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1618340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FENSTER, JOSHUA
909 VILLA CIRCLE
BOYNTON BEACH, FL 33435**

**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 reinstating)

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	P
NAME	FENSTER, JOSHUA
STREET ADDRESS	909 VILLA CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	S
NAME	FENSTER, JEFFREY M
STREET ADDRESS	909 VILLA CIRCLE 1391 SANGAREE CND - PHASE 1
CITY-ST-ZIP	BOYNTON BEACH, FL 33435 Sunrise FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Jeffrey M Fenster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/08

Date

917-304-4428

Daytime Phone #