

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K02103

Entity Name: HI - FI PLUS, INC.

FILED  
Aug 15, 2011  
Secretary of State

**Current Principal Place of Business:**

1220 W NEW HAVEN  
W. MELBOURNE, FL 32904 US

**New Principal Place of Business:**

1220 W NEW HAVEN  
120  
W. MELBOURNE, FL 32904 US

**Current Mailing Address:**

1220 W NEW HAVEN  
W. MELBOURNE, FL 32904 US

**New Mailing Address:**

1220 W NEW HAVEN  
120  
W. MELBOURNE, FL 32904 US

FEI Number: 59-2855677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOSTER, LINTON W.  
1385 W. NEW HAVEN AVENUE  
WEST MELBOURNE, FL 32904 US

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

FOSTER, LINTON W.  
1220 W. NEW HAVEN AVE  
120  
WEST MELBOURNE, FL 32904 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

08/15/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FOSTER, LINTON W  
Address: 1740 COUNTRY COVE CIR  
City-St-Zip: MALABAR, FL 32950

Title: D  
Name: FOSTER, CAROL J  
Address: 1740 COUNTRY COVE CIRCLE  
City-St-Zip: MALABAR, FL 32950

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: LINTON W. FOSTER

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

PRES

08/15/2011

\_\_\_\_\_  
Date