


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # M55173

1. Entity Name
FOREMOSTCO., INC.



Principal Place of Business % JOSEPH ROBERTS 8457 N.W. 66 ST. MIAMI, FL 33166	Mailing Address % JOSEPH ROBERTS 8457 N.W. 66 ST. MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2820762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RUBIN, MICHAEL A.
 7777 SW 114 ST
 MIAMI, FL 33156**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000900779
 04/29/08-20041-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS ROBERT, PENNY 8457 N.W. 66 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NATALINO, RANDY 8457 NW 66 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, JOE 8457 NW 66ST CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, MICHAEL A. 7777 SW 114 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINO, PHILIP 8457 NW 66TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOFF, RANDY L 8457 NW 66TH ST MIAMI, FL 33166

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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: Joseph C. Roberts **4-11-08** **305-592-8986**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #