2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008017

Entity Name: PST BOOSTER CLUB, INC.

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9151 NW 2ND ST. PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

9151 NW 2ND ST. PLANTATION, FL 33324

FEI Number: 65-1153490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FOSTER, DENNIS PRES
9151 NW 2ND ST

ABAD, COLLEEN PRES
9151 NW 2ND ST

9151 NW 2ND ST

PLANTATION, FL 33324 US PLANTATION, FL 33324 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: COLLEEN ABAD 04/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 FOSTER, DENNIS
 Name:
 ABAD, COLLEEN

 Address:
 9151 NW 2ND ST.
 Address:
 9151 NW 2ND ST.

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 PLANTATION, FL 33324

 Name:
 PROHASKA, TOM
 Name:

 Address:
 9151 NW 2ND ST.
 Address:

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$

 Name:
 CABRERA, DANIEL
 Name:
 TUCCI, LYDIA

 Address:
 9151 NW 2ND ST.
 Address:
 9151 NW 2ND ST.

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 PLANTATION, FL 33324

Title: T () Delete Title: T (X) Change () Addition

 Name:
 FOSTER, DENNIS
 Name:
 MARIN, ENRIQUE

 Address:
 9151 NW 2ND ST.
 Address:
 9151 NW 2ND ST.

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 PLANTATION, FL 33324

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN ABAD P 04/25/2009