## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

CHY-ST-7IP

## May 11, 2007 8:00 am Secretary of State DOCUMENT # P00000088083 05-11-2007 90020 016 \*\*\*150.00 FOSTER AND SON ELECTRICAL CORP. FIRE ALARM DIVISION Principal Place of Business Mailing Address 720 HILLCREST BLVD. 720 HILLCREST BLVD. WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-1043047 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GONZALEZ, AARON 720 HILLCRÉST BLVD. Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 City Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Delete DHE Change Addition Gonzalez, Apron GONZALEZ, AARON NAME NAME 720 HillCREST WUG. 1661 SW 25TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 WEST Palm Beach, Fl. 33405 CITY-ST-ZIP SŤ TITLE ☐ Delete TITLE Gonzalez, Vanes GONZALEZ, YANET NAME NAME 1661 SW 25TH AVENUE 720 Hill crest blud. STREE ( ADDRESS STREET ADDRESS ESTPalm Beach, Fl. **MIAMI FL 33145** CITY-ST-ZIP CITY-SI-ZIP Dalola THILE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP HHE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete THIE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby cortify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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:** 

CITY-S1-ZIP