

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000070687

1. Entity Name
FOSTER & SON IMPORT & EXPORT, INC.



Principal Place of Business
**2498 NW 3RD ST.
MIAMI, FL 33125**

Mailing Address
**2498 NW 3RD ST.
MIAMI, FL 33125**



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1127171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, JORGE L
2498 NW 3RD STREET
MIAMI, FL 33125**

**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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOSTER, JORGE L
STREET ADDRESS	2498 NW 3RD ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VD
NAME	FOSTER, MAYRA
STREET ADDRESS	2498 NW 3RD ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	SD
NAME	FOSTER, KAREN G
STREET ADDRESS	2498 NW 3RD ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	TD
NAME	FOSTER, HAROLD L
STREET ADDRESS	2498 NW 3RD ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/06-80044-019 150.00

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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: LEON FOSTER FEB 27, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #