## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000095103

Name:

Address:

City-St-Zip:

Entity Name: FOSTER EXPRESS, CORP.

FILED Jan 21, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1920 E. HALLANDALE BCH BLVD., SUITE 601 HALLANDALE BCH, FL 33009 **Current Mailing Address: New Mailing Address:** 1920 E. HALLANDALE BCH BLVD., SUITE 601 HALLANDALE BCH, FL 33009 FEI Number: 16-1625590 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: ARVELO, LYDIA 1920 E. HALLANDALE BCH BLVD., SUITE 601 HALLANDALE BCH, FL 33009 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition EROSA, RICARDO Name: Name: 1920 E. HALLANDALE BCH BLVD., SUITE 601 Address: Address: City-St-Zip: HALLANDALE BCH, FL 33009 City-St-Zip: Title: VD Title: () Delete () Change () Addition EROSA, GERARDO Name: Name: 1920 E. HALLANDALE BCH BLVD., SUITE 601 Address: Address: HALLANDALE BCH, FL 33009 City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition ARVELO, LYDIA Name: Name: 1920 E. HALLANDALE BCH BLVD., SUITE 601 Address: Address: City-St-Zip: HALLANDALE BCH, FL 33009 City-St-Zip: Title: TASD () Delete Title: () Change () Addition EROSA, PATRICIA L

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RICARDO EROSA PD 01/21/2004

1920 E. HALLANDALE BCH BLVD., SUITE 601

HALLANDALE BCH, FL 33009