## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000095103

Entity Name: FOSTER EXPRESS, CORP.

FILED Feb 25, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ALLANDALE E ALE BCH, FL	33009 SUITE 601			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ALLANDALE E ALE BCH, FL	33009 SUITE 601			
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 o	f New Registered Agent:	
		3CH BLVD., SUITE 601 33009 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	EROSA, RICAI 1920 E. HALLA	) Delete RDO NDALE BCH BLVD., SUITE 601 BCH, FL 33009	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EROSA, GERA 1920 E. HALLA	) Delete kRDO kNDALE BCH BLVD., SUITE 601 BCH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ARVELO, LYD 1920 E. HALLA	) Delete IA NNDALE BCH BLVD., SUITE 601 BCH, FL 33009	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	EROSA, PATR	) Delete ICIA L NDALE BCH BLVD., SUITE 601	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: RICARDO EROSA PD 02/25/2005

HALLANDALE BCH, FL 33009

City-St-Zip: