


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90043 036 ***150.00

DOCUMENT # P06000141978					
1. Entity Name FOREMOST GROUP #3 INC					
Principal Place of Business 8225 S.W. 2 ST MIAMI, FL 33144			Mailing Address 8225 S.W. 2 ST MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # 19947 NE 2nd Avenue		3. Mailing Address 2726 NW 35th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202007 Chg-P CR2E034 (12/06)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 56-2621886	
Zip 33169 Country		Zip 33142 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARETS, CLAUDIA X 8225 S.W. 2 STREET MIAMI, FL 33144			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME PARETS, CLAUDIA X STREET ADDRESS 8225 SW 2ND STREET CITY - ST - ZIP MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LINARES, EMERIO STREET ADDRESS 2726 NW 35 STREET CITY - ST - ZIP MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			4/30/07 305-244-0872		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		