


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90036 022 ***158.75

DOCUMENT # P07000130530 1. Entity Name FOST, INC.			
Principal Place of Business C/O BLAKE PEARSON 1358 PENNSYLVANIA AVE SUITE 301 MIAMI BEACH, FL 33139-4001		Mailing Address C/O BLAKE PEARSON 1358 PENNSYLVANIA AVE SUITE 301 MIAMI BEACH, FL 33139-4001	
2. Principal Place of Business - No P.O. Box # 1358 Pennsylvania Ave.		3. Mailing Address 1358 Pennsylvania Ave.	
Suite, Apt. #, etc. Suite 301		Suite, Apt. #, etc. Suite 301	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139-4001	Country USA	Zip 33139-4001	Country USA
6. Name and Address of Current Registered Agent PEARSON, BLAKE 1358 PENNSYLVANIA AVE SUITE 301 MIAMI BEACH, FL 33139-4001		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P PEARSON, BLAKE 1358 PENNSYLVANIA AVE SUITE 301 MIAMI BEACH, FL 331394001 <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: <u>Blake Pearson Pres</u>		Date <u>04/05/08</u> Daytime Phone # <u>305 917 8922</u>	