

**2009 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000102778**

1. Entity Name  
**ROST INTERNATIONAL, INC.**



Principal Place of Business

11450 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065

Mailing Address

11450 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**FILED**

09 FEB 26 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02182009 No Chg-P CR2E034 (11/08)

4. FEI Number  
**65-0883896**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WILLIAM GREENE ASSOCIATES, P.A.**  
11450 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**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, 2009 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
GREENE, WILLIAM  
11450 W SAMPLE RD  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

**700144514817**  
02/26/09--01029--002 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

*Handwritten signature and date: 2/26/09*

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten date and phone number: 2/18/09 7182440760*  
Date Daytime Phone #