

**2010 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000102778

1. Entity Name  
ROST INTERNATIONAL, INC.



FILED

10 JAN 25 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11450 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065

Mailing Address  
11450 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065



01192010 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. This 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, 2010 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

300167113993  
01/25/10--01054--022 \*\*150.00

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

01/20/10

716 244 076