

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093740

Entity Name: FOSTER ENTERPRISES OF BROWARD COUNTY, INC.

FILED  
May 01, 2005  
Secretary of State

**Current Principal Place of Business:**

5140 S.W. 89 AVE.  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**  
5140 S.W. 89 AVE.  
COOPER CITY, FL 33328

**New Mailing Address:**

FEI Number: 65-1102664      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, PAUL E  
5140 S.W. 89 AVE.  
COOPER CITY, FL 33328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FOSTER, PAUL  
Address: 5140 SW 89TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: T ( ) Delete  
Name: FOSTER, CATHY  
Address: 5140 SW 89TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PAUL E. FOSTER

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date