

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F48131		
1. Entity Name SCHER & ALVAREZ, INC.		


Principal Place of Business 1023 TUPELO WAY WESTON FL 33327	Mailing Address 1023 TUPELO WAY WESTON FL 33327
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2. Principal Place of Business <i>ABOVE</i>	3. Mailing Address <i>ABOVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent SCHER, MARIA M 1023 TUPELO WAY WESTON FL 33327	
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1st MOORE	CR2E034 (10/04)
4. FEI Number 59-2130520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 <i>R. Scher</i> MARIA SCHER PRES.	DATE 4/28/05
<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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May 2 Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SCHER, MARIA M	NAME	
STREET ADDRESS	1023 TUPELO WAY	STREET ADDRESS	
CITY- ST- ZIP	WESTON FL 33327	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SCHER, RICHARD I	NAME	
STREET ADDRESS	1023 TUPELO WAY	STREET ADDRESS	
CITY- ST- ZIP	WESTON FL 33327	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HUSKA, AMY	NAME	
STREET ADDRESS	1774 RICHFIELD AVE	STREET ADDRESS	
CITY- ST- ZIP	HIGHLAND PARK IL 60035	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: <i>R. Scher</i> R. SCHER v.p.	DATE 4/28/05	954 379 4576
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		