



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			
2. Principal Place of Business ABOVE Suite, Apt #, etc.		3. Mailing Address ABOVE Suite, Apt #, etc.		 1st MOORE CR2E034 (10/04)	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SCHER, MARIA M 1023 TUPELO WAY WESTON FL 33327				4. FEI Number 59-2130520	
7. Name and Address of New Registered Agent				Applied For Not Applicable	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				Applied For	
				Not Applicable	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE <i>R. Scher</i> MARIA SCHER PRES. 4/28/05				DATE	
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, 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	
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"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
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: *R. Scher* **R. SCHER V.P.** **4/28/05** **954 379 4576**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #