


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90024 045 ***150.00

DOCUMENT # 461329 1. Entity Name GOLDSTEIN-SCHWARTZ OF FLORIDA, INC.		
Principal Place of Business 242 S.W. 33RD COURT FORT LAUDERDALE, FL 33315	Mailing Address 242 S.W. 33RD COURT FORT LAUDERDALE, FL 33315	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent GOLDSTEIN, DAVID 242 S.W. 33RD COURT FT LAUDERDALE, FL 33315		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, S MARK 48 FOXBORO 23 BRIGHTON WAY #302 ST LOUIS, MO 63105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDSTEIN, DAVID A 1001 NW 104TH AVE 960 MOCKINGBIRD LANE PLANTATION, FL 33322 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDSTEIN, MICHAEL 615 STABLESTONE DR. CHESTERFIELD, MO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDSTEIN, RAND 9530 LADUE RD ST LOUIS, MO 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

10010000



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1032945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

3/13/07 314-567-3000