


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 681862 1. Entity Name SCHWABE AND ASSOCIATES, INC.		
Principal Place of Business 8525 SW 92 STREET SUITE B-6 MIAMI, FL 33156 US	Mailing Address 8525 SW 92ND STREET SUITE B-6 MIAMI, FL 33156 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCHWABE, ROBERT HENRY 8525 SW 92ND STREET SUITE B-6 MIAMI, FL 33156		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 reinstating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 SCHWABE, ROBERT HENRY 14791 SW 136 PL MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
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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: <u><i>Robert H. Schwabe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2024116

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

000000383763
01/12/06-80015-002 150.00
**DO NOT WRITE
IN THIS SPACE**

1/9/06 305/270-1990
Date Day/Time Phone #