


FILED
May 11, 2006 8:00 am
Secretary of State

04-25-2006 90113 045 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 8471 Cypress Glen Court Suite, Apt. #, etc.		3. Mailing Address 8471 Cypress Glen Court Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip: 33467-2441 Country:		Zip: 33467-2441 Country:	
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	
6. Name and Address of Current Registered Agent SCHER, MARIA M 1023 TUPELO WAY WESTON, FL 33327		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 8471 Cypress Glen Court City: LAKE WORTH FL Zip Code: 33467-2441	
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: <input checked="" type="checkbox"/> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			
<input type="checkbox"/> Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: SCHER, MARIA M	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 8471 Cypress Glen Court
STREET ADDRESS: 1023 TUPELO WAY	CITY-ST-ZIP: WESTON, FL 33327	STREET ADDRESS: 8471 Cypress Glen Court	CITY-ST-ZIP: LAKE WORTH, FL 33467-2441
TITLE: VP <input type="checkbox"/> Delete	NAME: SCHER, RICHARD I	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 8471 Cypress Glen Court
STREET ADDRESS: 1023 TUPELO WAY	CITY-ST-ZIP: WESTON, FL 33327	STREET ADDRESS: LAKE WORTH, FL 33467-2441	CITY-ST-ZIP: LAKE WORTH, FL 33467-2441
TITLE: S <input type="checkbox"/> Delete	NAME: HUSKA, AMY	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 1774 RICHFIELD AVE	CITY-ST-ZIP: HIGHLAND PARK, IL 60035	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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: <input checked="" type="checkbox"/> <i>Richard Scher V.P.</i>		Date: 4/20/06 Daytime Phone #: 561 432 3238	

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