

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004233

1. Entity Name
SCHOENSTATT, INC.



Principal Place of Business
4811 HOLLYWOOD BLVD., STE. C
HOLLYWOOD, FL 33021

Mailing Address
737 N. CRESCENT DR.
HOLLYWOOD, FL 33021-6168



07032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0581325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ASANZA, LUIS M.D.
4811 HOLLYWOOD BLVD., STE. D
HOLLYWOOD, FL 33021

**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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000164648

07/08/04-80017-008 10.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | P |
| NAME | ASANZA, LUIS |
| STREET ADDRESS | 4811 HOLLYWOOD BLVD., STE. C |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 |
| TITLE | V |
| NAME | MARITZA, MAGGIO |
| STREET ADDRESS | 3800 N. HILCREST DR., #122 |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 |
| TITLE | S |
| NAME | KATUZHKA, ASANZA |
| STREET ADDRESS | 737 N. CRESCENT DR. |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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 617, 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: [Signature] 7/3/04 954-961-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #