

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004233

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: SCHOENSTATT, INC.

## Current Principal Place of Business:

4811 HOLLYWOOD BLVD., STE. C  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

737 N.CRESCENT DR  
HOLLYWOOD, FL 33021

## Current Mailing Address:

737 N. CRESCENT DR.  
HOLLYWOOD, FL 330216168

## New Mailing Address:

737 N.CRESCENT DR  
HOLLYWOOD, FL 33021 US

FEI Number: 65-0581325      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ASANZA, LUIS M.D.  
737 N. CRESCENT DR  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ASANZA, LUIS  
Address: 737 N. CRESCENT DR  
City-St-Zip: HOLLYWOOD, FL 33021

Title: V ( ) Delete  
Name: MARITZA, MAGGIO  
Address: 3800 N. HILCREST DR., #122  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete  
Name: KATUZHKA, ASANZA  
Address: 737 N. CRESCENT DR.  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ASANZA, LUIS  
Address: 737 N. CRESCENT DR  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: V (X) Change ( ) Addition  
Name: MARITZA, MAGGIO  
Address: 3800 N. HILCREST DR., #122  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: S/T (X) Change ( ) Addition  
Name: KATUZHKA, ASANZA  
Address: 737 N. CRESCENT DR.  
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATUZHKA ASANZA M.D.

S/T

07/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date