2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# F94000004233

Entity Name: SCHOENSTATT, INC.

Current Principal Place of Business:

737 N.CRESCENT DR
HOLLYWOOD, FL 33021

New Principal Place of Business:

737 N.CRESCENT DR
HOLLYWOOD, FL 33021 US

Current Mailing Address:

737 N.CRESCENT DR
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0581325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: MARITZA, MAGGIO
Address: 737 NORTH CRESCENT DRIVE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LUIS ASANZA M.D. D 04/30/2009

Electronic Signature of Signing Officer or Director — Date