



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90208 040 \*\*\*150.00

<b>DOCUMENT # F96000003045</b> 1. Entity Name <b>SCHUMANN/STEIER, INC.</b>					
Principal Place of Business <b>241 SEVILLA AVE. SUITE 806 CORAL GABLES, FL 33134</b>			Mailing Address <b>241 SEVILLA AVE. SUITE 806 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>2525 PONCE DE LEON</b> Suite, Apt. #, etc. <b>SUITE G50</b> City & State <b>CORAL GABLES, FL</b> Zip <b>33134</b> Country <b>USA</b>		3. Mailing Address <b>2525 PONCE DE LEON</b> Suite, Apt. #, etc. <b>SUITE G50</b> City & State <b>CORAL GABLES, FL</b> Zip <b>33134</b> Country <b>USA</b>			
04212005 Chg-P CR2E034 (10/03)				4. FEI Number <b>06-1296497</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STEIER, ARTHUR A</b> <del>241 SEVILLA AVE.</del> <b>2525 PONCE DE LEON BLVD</b> <b>CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2525 PONCE DE LEON BLVD.</b> <b>SUITE G50</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STEIER, ARTHUR A 241 SEVILLA AVE. CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2525 PONCE DE LEON BLVD., SUITE G50</b> <b>CORAL GABLES, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/26/05 305-442-2999 Date Daytime Phone #		