


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # H22468	
1. Entity Name JOSEPH S. SCHWARTZ COURT REPORTING, INC.	

Principal Place of Business C/O JOSEPH S. SCHWARTZ 19 W FLAGLER ST STE 1020 MIAMI, FL 33130	Mailing Address C/O HMD 16100 NE 16TH AVE N MIAMI BEACH, FL 33162 US
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DO NOT WRITE IN THIS SPACE



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2478449	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

**SCHWARTZ, JOSEPH S.
1304 N 104TH STREET
MIAMI, FL 33138**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

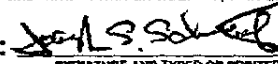
UG00000517480
05/01/06-80046-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD	NAME SCHWARTZ, JOSEPH S.
STREET ADDRESS 1304 NE 104TH STREET	
CITY-ST-ZIP MIAMI, FL 33138	
TITLE S	NAME SCHWARTZ, LINDA
STREET ADDRESS 1304 NE 104TH STREET	
CITY-ST-ZIP MIAMI, FL 33138	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
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 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:  **Joseph S. Schwartz** 4-15-06 (305) 308-8781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #