2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J74217

## FILED Jun 01, 2005 8:00 am Secretary of State

1. Entity Name						05-03-2005 90069 017 ***150.00				
SCHINNE	RLING INVESTMENT CORF	PORATION								
Principal Place	e of Business	Mailing Address								
	26TH AVE #3-F MI'BEACH FL 33160	16546 N.E. 26TH AVE #3-F NORTH-MIAMI BEACH FL 33160								
HOME	SI DENOTTE SOTO	TOTAL BURNING CANON				1 100	III BIN MBN AIDID MADE	- 1919 - 1919 - 1919 - 1919 - 1919	ı 81100 (1)3    878'	KEEL II (EP)
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				15	t MOORE	CR2E034 (	10/04)	
City & State		City & State				4. FEI Numb	er NO-T APF	PLICABLE		plied For
Zip	Country	Zip	Country			5. Certificate	of Status Desired		8.75 Add	
6. Name and Address of Current		Registered Agent		7. Name and Address of New Registered Agent			<del></del>			
			Name							
SCH 165- N N	·F	Street Address			(P.O. Box Number is Not Acceptable)					
	MAMI BEACH FL 33160		City							
,				<u> </u>						
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, sypad or printed name of registered again	and title if applicable (NOTE	Registered	Agent signatur	e required	when reinstating)		DATE		
	TLE NOW!!! FEE IS \$150.00						9 Flection Cam	npaign Financing	. \$5.1	00 May Be
Make Check	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of	d State					Trust Fund C	Contribution.	Adde	d to Fees
10.				ii. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE Wolther Schinnerling Change Baddillon						
TITLE NAME	PD  SCHINNERLING, HANNELORE	Delete	TITLE	1	Wo	ither S	chinn er	1h5	Change	Addition
STREET ADDRESS CITY-ST-ZIP	ſ			T ADDRESS ST-ZIP	16546 NE 26 AVC #3F N Miami Bch Fld					
FITLE		☐ Delate	TITLE					Г	Change	(X) Addition
NAME		•	NAME		Ana Kristina Schinnerling Paie					
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	1650	Mia mi	Bc4 F	Ida		
TITLE		☐ Delete	THILE			<del></del>		1, 0	Change	Addition
NAME Street address			NAME	1 ADDRESS	And	rea AB	ria Schinne 26 ave. Bch 1=	ering Paid	ž.	
CITY-ST-ZIP			•	ST-ZIP	1654	HIRMI	Bc4 =	ida.		
mile		☐ Delete	ture			7			Change	- Addition
NAME STREET ADDRESS			NAMÉ STREE	ET ADDRESS						
CITY-ST-ZIP				S1-71P				_		
MILE		☐ Delete	Mite						Change	Addition
NAME STREET ADDRESS			NAME	ET ADORESS						
CITY-ST-ZIP				ST-ZIP						
THE		☐ Detele	TITLE					]	Change	Addition
NAME			NAME							
STREET ACCURESS CITY-ST-ZIP				SI-ZIP						
	certify that the information supplied wi	h this fiting does not qualify for			ed in Se	ction 119.07(3)	(i), Florida Statute	s. I further certify	y that the ir	nformation
indicatéd of the co changed	certify that the information supplied wi don this report or supplemental report reporation or the receiver or trustee emit, or on an attachment with an address	is true and accurate and that mo powered to execute this report a with all other like empowered	y signati as requir > /	ure shall ha ed by Char	ive the s pter 607	same legal effe , Florida Statut	ct as if made unde es; and that my na	ar oath; that t am ame appears in E	an officer Block 10 or	or director Block 11 if
SIGNAT	TURE: _ <i> \ \d\ \d\ \d\ \d\ \d\ \d\ \d\ \d\ \d\ </i>	Tomy han Sa	min	wh	WY	2	O April 2	2005 305	949 8	732
Ι	SUMATURE AND TYPED OR	PRINTED NĂME OF SIGNING OFFICER O	M CHRECT	UK	//		L49(6	£J <b>ay</b> r	THE PROPERTY OF	