2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74217

Title:

Name:

Address:

City-St-Zip:

Entity Name: SCHINNERLING INVESTMENT CORPORATION

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16546 N.E. 26TH AVE #3-F NORTH MIAMI BEACH, FL 33160 **Current Mailing Address: New Mailing Address:** 16546 N.E. 26TH AVE #3-F NORTH MIAMI BEACH, FL 33160 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHINNERLING, HANNELORE 16546 N.E. 26TH AVE., STE. 3-F N. MIAMI BEACH, FL 33160 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCHINNERLING, HANNELORE Name: Name: 16546 N.E. 26TH AVE #3-F Address: Address: City-St-Zip: N MIAMI BEACH, FL City-St-Zip: Title: Title: (X) Change () Addition () Delete SCHINNERLING, WOLTHER Name: Name: SCHINNERLING, WALTHER 16546 NE 26 AVE # 3F 16546 NE 26 AVE # 3F Address: Address: NORTH MIAMI BEACH, FL NORTH MIAMI BEACH, FL City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SCHINNERLING PAIZ, ANA KRISTINA Name: Name: 16546 NE 26 AVE # 3F Address: Address: City-St-Zip: N.MIAMI BEACH, FL 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HANNELORE SCHINNERLING PD 04/21/2009

() Delete

16546 NE 26 AVE # 3F

N. MIAMI BEACH, FL

SCHINNERLING PAIZ, ANDREA MARIA

() Change () Addition