2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Secretary of State 02-01-2005 90021 028 ***150.00 DOCUMENT # M50950 U.S. SCHWARZ IMMOBILIEN REAL ESTATE, INC. Principal Place of Business 40010026 Mailing Address 1318 LAFAYETTE ST. 455 CAPE CORAL PKWY CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 CR2E034 (10/03) Applied For 4 FFI Number City & State City & State 65-0187766 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE ST. CAPE CORAL, FL 33904 City Zip Code FL 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 DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing .. D. Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE SCHWARZ, WOLFGANG NAME NAME 455 CAPE CORAL PKWY #4 STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empoyered 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 appoyered.

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