2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M60730

Entity Name: SCHMITZ REALTY COMPANY

FILED Jan 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 1101 BRICKELL AVE
 1101 BRICKELL AVENUE

 1700
 SUITE 1700

 MIAMI, FL 33131
 US

 MIAMI, FL 33131
 US

Current Mailing Address: New Mailing Address:

C/O JOHN W. SCHMITZ ESQ 1101 BRICKELL AVE #1700 C/O JOHN W. SCHMITZ ESQ 1101 BRICKELL AVENUE, SUITE 1700 MIAMI, FL 33131 US MIAMI, FL 33131 US

FEI Number: 65-0009467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHMITZ, JOHN W. ESQ
1101 BRICKELL AVE., STE. 1700
SUITE 1700
MIAMI, FL 33131 US

JOHN W. SCHMITZ, ESQ.
1101 BRICKELL AVENUE
SUITE 1700
MIAMI, FL 33131 US

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: JOHN W. SCHMITZ 01/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCHMITZ, JOHN W., SCHMITZ, JOHN W., Name: Name: 375 COCOPLUM RD 375 COCOPLUM ROAD Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33143 US

Title: D () Delete Title: D (X) Change () Addition

Name:SCHMITZ, LUCILA,Name:SCHMITZ, LUCILA,Address:375 COCOPLUM RDAddress:375 COCOPLUM ROADCity-St-Zip:CORAL GABLES, FLCORAL GABLES, FL33143 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOHN W. SCHMITZ PRES 01/27/2005