

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03282

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE ORIGINAL AUERHAHN SCHUHPLATTLER, INC.

Current Principal Place of Business:

% KOELBL, JOSEF
16820 S.W. 296 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

% KOELBL, JOSEF
16820 S.W. 296 STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-0199899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOELBL, JOSEF
16820 SW 296 ST
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOELBL, JOSEF,
Address: 16820 SW 296 ST
City-St-Zip: HOMESTEAD, FL

Title: VD () Delete
Name: MULLER, PETER
Address: 1645 SW 67TH COURT
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: KOELBL, MARIE,
Address: 16820 SW 296 ST
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEF KOELBL

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date