

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03282

**FILED**  
**Apr 25, 2011**  
**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  
Name: KOELBL, JOSEF  
Address: 16820 SW 296 ST  
City-St-Zip: HOMESTEAD, FL

Title: VD  
Name: CLAUSS, MICHAEL  
Address: 551 SW 69 AVE  
City-St-Zip: MIAMI, FL 33144

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

I hereby 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 all other like empowered.

SIGNATURE: JOSEF KOELBL

PD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date