


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90157 049 ****70.00

DOCUMENT # N98000002376
 1. Entity Name
EDELWEISS SCHUHPLATTLER OF MIAMI, INC.



Principal Place of Business Mailing Address
5751 S.W. 52ND TERRACE MIAMI FL 33155 **5751 S.W. 52ND TERRACE MIAMI FL 33155**



2. Principal Place of Business 3. Mailing Address
5751 SW 52 Terr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Miami Florida
 Zip Country Zip Country
33155 FLA

4. FEI Number **65-0848655** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROSKIND, BARBARA
5751 S.W. 52ND TERRACE
MIAMI FL 33155

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSKIND, BARBARA	
STREET ADDRESS	5751 S.W. 52ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGUIRE, MARTY	
STREET ADDRESS	11327 SW 111 CT RD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WENDT, MARINA	
STREET ADDRESS	2601 NORTHEAST 42 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLEY, LINDA	
STREET ADDRESS	11410 SW 113TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowered to execute this report as required by Chapter 617, 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 empowered.

SIGNATURE: *Barbara D. Roskind* *Barbara D. Roskind* 4-26-06 305-444-9986