


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90174 001 \*\*\*\*61.75  
 05-16-2008 90174 002 \*\*\*\*8.75

**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 - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



1st MOORE CR2E037 (10/07)

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

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

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, 2008**      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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSKIND, BARBARA 5751 S.W. 52ND TERRACE MIAMI FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CHRISTINE GINIGER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9076 SW 203 TERRACE</b> <b>MIAMI FL 33189</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGUIRE, MARTY 11327 SW 111 CT RD MIAMI FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>ROSKIND, BARBARA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5751 SW 52 TERRACE</b> <b>MIAMI FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WENDT, MARINA 2601 NORTHEAST 42 AVENUE HOMESTEAD FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>EVE ROSEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9870 SW 82 TERRACE</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINIGER, CHRISTINE 9076 SW 203 TERRACE MIAMI FL 33189 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Roskind **BARBARA ROSKIND** April 26, 2008 305-666-9986