

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90295 033 ***150.00

DOCUMENT # P02000016309

1. Entity Name
JULIO VICENTE SCHNEIDER INC.



Principal Place of Business
**15515 MIAMI LAKES WAY
NO. 206
MIAMI LAKES, FL 33014**

Mailing Address
**15515 MIAMI LAKES WAY
NO. 206
MIAMI LAKES, FL 33014**

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0545902

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, JULIO V
15575 MIAMI TRACES WAY, #206
MIAMI LAKES, FL 33015**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

JULIO V. SCHNEIDER.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/18/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SCHNEIDER, JULIO V**
STREET ADDRESS **15515 MIAMI LAKE WAY #202 206**
CITY-ST-ZIP **MIAMI LAKE, FL 33014**

TITLE **S**
NAME **SCHNEIDER, JULI V**
STREET ADDRESS **15515 MIAMI LAKE WAY #202 206**
CITY-ST-ZIP **MIAMI LAKE, FL 33014**

TITLE **V**
NAME **SCHNEIDER, PATRICIA L**
STREET ADDRESS **15515 MIAMI LAKE WAY #202 206**
CITY-ST-ZIP **MIAMI LAKE, FL 3314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO V. SCHNEIDER

Date

Daytime Phone #

4/18/05 305 725 5957