


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90490 046 \*\*\*150.00

<b>DOCUMENT # P03000025606</b> 1. Entity Name <b>SCHUTZ INTERNATIONAL CORPORATION</b>					
Principal Place of Business <b>C/O MARTTI KALKAS</b> <b>245 SE 1ST STREET, SUITE 311</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>C/O MARTTI KALKAS</b> <b>245 SE 1ST STREET, SUITE 311</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>SUITE 225</b>		Suite, Apt. #, etc. <b>SUITE 225</b>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>83-0352193</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>KALKAS, MARTTI</b> <b>245 SE 1ST STREET, SUITE 311</b> <b>MIAMI, FL 33131</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BIRMAN, ANDERSON LEMOS</b> <b>RUA 25 DE JULHO, 159 CEP 93700-000</b> <b>CAMPO BOM-RS BRAZIL,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BIRMAN, ALDEZANDRE CAF</b> <b>RUA 25 DE JULHO, 159 CEP 93700-000</b> <b>CAMPO BOM-RS BRAZIL,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Alex B. Berman</u> <span style="float: right;">4/28/05</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					