## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000025606

**Entity Name: SCHUTZ INTERNATIONAL CORPORATION** 

**FILED** Apr 26, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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C/O MARTTI KALKAS 245 SE 1ST STREET, SUITE 225 MIAMI, FL 33131

**Current Mailing Address: New Mailing Address:** 

C/O MARTTI KALKAS 245 SE 1ST STREET, SUITE 225 MIAMI, FL 33131

FEI Number: 83-0352193 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KALKAS, MARTTI KALKAS, MARTTI 245 SE 1ST STREET, SUITE 311 245 SE 1ST STREET, SUITE 225 MIAMI, FL 33131 MIAMI, FL 33131

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: 04/26/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BIRMAN, ANDERSON LEMOS BIRMAN, ANDERSON LEMOS Name: Name: RUA 25 DE JULHO, 159 CEP 93700-000 RUA 25 DE JULHO, 159 CEP 93700-000 Address: Address:

City-St-Zip: CAMPO BOM-RS BRAZIL, City-St-Zip: CAMPO BOM-RS BRAZIL, RS 93700 BR Title: Title: (X) Change ( ) Addition () Delete

Name: BIRMAN, ALDEZANDRE CAF Name: BIRMAN, ALEXANDRE CAFE RUA 25 DE JULHO, 159 CEP 93700-000 Address: RUA 25 DE JULHO, 159 CEP 93700-000 Address:

CAMPO BOM-RS BRAZIL, CAMPO BOM-RS BRAZIL, RS 93700 BR City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDRE BIRMAN D 04/26/2006