


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90336 007 \*\*\*150.00

<b>DOCUMENT # P03000068897</b>			
1. Entity Name <b>SCHWARTZ COMMUNICATIONS, INC.</b>			
Principal Place of Business 2775 SHIPPING AVENUE COCONUT GROVE, FL 33133		Mailing Address PO BOX 330609 COCONUT GROVE, FL 33233	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 618245	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ORLANDO, FL	
City & State		City & State	
Zip	Country	Zip	Country
		32861	USA
4. FEI Number 57-1176487		Applied For Not Applicab	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  STORMONT, RAY 2444 NW 7TH PLACE MIAMI, FL 33127		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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, PHILIP PO BOX 330609 COCONUT GROVE, FL 33233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCHWARTZ, PHILIP PO BOX 618245 ORLANDO, FL 32861 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an asterisk, with all other persons mentioned.

*W. Schwartz* APRIL 24, 2008