

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 021 ***150.00

DOCUMENT-# P03000158297	
1. Entity Name SCHILLER AMERICA, INC.	

Principal Place of Business 11300 N.W. 41ST STREET MIAMI FL 33178	Mailing Address 11300 N.W. 41ST STREET MIAMI FL 33178
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 33-0328918		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUFF, DAVID 1407 E. ROBINSON STREET ORLANDO FL 32801		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUERTA, JAMIE E 5274 NW 109 LANE CORAL SPRINGS FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUERTO, JAIME E. MISSPELLED 4630 N. UNIVERSITY DR #430 CORAL SPRINGS, FL 33067 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POTTS, ALINA F 6413 NW 109 AVE DORAL FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FALLE, DANIEL 326 35 HIDDEN TREE CIRCLE NORTH RIDGEVILLE OH 44039 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEDYO, CITRIS 19309 ACUA SPRINGS DRIVE LUTZ FL 33558 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEDYO CHRIS MISSPELLED 4630 N. UNIVERSITY DR #430 CORAL SPRINGS, FL 33067 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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] 4/17/06 786-845-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #