
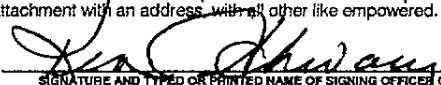


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000034440		
1. Entity Name K SCHWARZ & CO., INC.		
Principal Place of Business 6217 NW 102ND WAY PARKLAND, FL 33076 US		Mailing Address 6217 NW 102ND WAY PARKLAND, FL 33076 US
DO NOT WRITE IN THIS SPACE		
		03102005 No Chg-P CR2E034 (10/03)
		4. FEI Number 22-2615062
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCHWARZ, KEN 6217 N.W. 102ND WAY PARKLAND, FL 33076		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 a registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	SCHWARZ, KEN	
STREET ADDRESS	6217 N.W. 102ND WAY	
CITY-ST-ZIP	PARKLAND, FL	
TITLE	VP	
NAME	SCHWARZ, LOIS	
STREET ADDRESS	6217 N.W. 102ND WAY	
CITY-ST-ZIP	PARKLAND, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4-1-05 (954) 346-9460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #