


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000080169

1. Entity Name
STEINBAUER MANAGEMENT, INC.



Principal Place of Business Mailing Address

5598 NW 102ND PLACE **5598 NW 102ND PLACE**
MIAMI, FL 33175 **MIAMI, FL 33175**

DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
65-0877979 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROSEN, MICHAEL A
800 BRICKELL AVE #1270
MIAMI, FL 33131

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 registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEINBAUER, J.R. JR.
STREET ADDRESS	5598 NW 102ND PLACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	STEINBAUER, JODI
STREET ADDRESS	5598 NW 102ND PLACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100000472779
 03/30/06-80007-015 150.00

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 address, with all other like empowered.

SIGNATURE: _____ **3-10-06** **305-718-4221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #