


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000080169**

1. Entity Name  
**STEINBAUER MANAGEMENT, INC.**



Principal Place of Business <b>5598 NW 102ND PLACE          MIAMI, FL 33175</b>	Mailing Address <b>5598 NW 102ND PLACE          MIAMI, FL 33175</b>
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01072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0877979</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 reissuing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$530.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBAUER, J.R. JR. 5598 NW 102ND PLACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBAUER, JODI 5598 NW 102ND PLACE MIAMI, FL 33175
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 01/22/07-80050-007 150.00

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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 address, with all other fees empowered.

SIGNATURE: \_\_\_\_\_ DATE: **1/15/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR