

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90518 008 ***150.00

DOCUMENT # V58035 1. Entity Name GEORGE H. SCHULTE REALTY, INC.					
Principal Place of Business 5758 SW 42 TERR. MIAMI, FL 33155			Mailing Address 3600 S STATE RD 7 SUITE 220 MIRAMAR, FL 33023		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address 18459 Pines Blvd # 248 Suite, Apt. #, etc. # 248 City & State Pembroke Pines, FL Zip 33029		
Country			Country		
4. FEI Number 65-0360821			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRAVO, ADA 3600 S STATE RD 7 STE 220 MIRAMAR, FL 33023			7. Name and Address of New Registered Agent Name BRAVO, ADA Street Address (P.O. Box Number is Not Acceptable) 18459 Pines Blvd. # 248 City Pembroke Pines FL Zip Code 33029		
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 <u><i>Joseph G. Schulte (President)</i></u> DATE <u>4/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTE, JOSEPH 5758 SW 42 TERR MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Joseph G. Schulte (President)</i></u> DATE <u>4/20/05</u> DAYTIME PHONE # <u>305-992-9081</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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