2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000068723

Entity Name: SCHAPIRA HOLDINGS CORPORATION

Current Principal Place of Business:

10200 WEST STATE ROAD 84
SUITE 106
DAVIE, FL 33324

Current Mailing Address:

10200 WEST STATE ROAD 84
SUITE 106
DAVIE, FL 33324

FEI Number: 46-3444165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHAPIRA, KAREN B ATTORNE
10200 WEST STATE ROAD 84
SUITE 106
DAVIE, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	P	Title	VP, GENERAL COUNSEL
Name	SCHAPIRA, ARIEH	Name	SCHAPIRA, KAREN B
Address	11027 WEST BROWARD BOULEVARD	Address	10200 WEST STATE ROAD 84
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	DAVIE FL 33324
Title	T	Title	S
Name	SCHAPIRA BERNSTEIN, TAMAR A	Name	SCHAPIRA, TAL A
Address	11027 WEST BROWARD BOULEVARD	Address	439 CLINTON HEIGHTS AVENUE
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	COLUMBUS OH 43215
Title	D	Title	D
Name	SCHAPIRA, TAIR A	Name	BERNSTEIN, NADAV
Address	11027 WEST BROWARD BOULEVARD	Address	11027 WEST BROWARD BOULEVARD
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324
Title	ASSOCIATE GENERAL COUNSEL		
Name	SIMON, CHASE ANTHONY		
Address	439 CLINTON HEIGHTS		
City-State-Zip:	COLUMBUS OH 43215		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN B SCHAPIRA   REGISTERED AGENT   05/01/2015

Electronic Signature of Signing Officer/Director Detail   Date