

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90027 040 \*\*\*150.00

**DOCUMENT # 258044**

1. Entity Name  
4001 CORP



Principal Place of Business  
6370 SW 102ND ST  
MIAMI, FL 33156

Mailing Address  
6370 SW 102ND ST  
MIAMI, FL 33156



02232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0992997

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CAGLE, PETER  
6701 SUNSET DR  
SUITE 112  
SOUTH MIAMI, FL 33143  
*2555 Ponce de Leon Blvd  
STE 320  
CORAL GABLES, FL 33134*

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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	PD SCHAEFER, JOHN 6370 SW 102ND ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAEFER, PAUL T. 4919 BILTMORE DR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SCHAEFER, THOMAS W 12085 SW 65TH AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John H. Schaefer* *3/27/08* *305-667-1722*