

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 258044

Entity Name: 4001 CORP

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

6370 SW 102ND ST
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

6370 SW 102ND ST
MIAMI, FL 33156

New Mailing Address:

FEI Number: 59-0992997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAGLE, PETER
2555 PONCE DE LEON BLVD
STE 320
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHAEFER, JOHN
Address: 6370 SW 102ND ST
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: SCHAEFER, PAUL T.
Address: 4919 BILTMORE DR
City-St-Zip: CORAL GABLES, FL 33146

Title: TSD () Delete
Name: SCHAFFER, THOMAS W
Address: 12085 SW 65TH AVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN SCHAEFER

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date