2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90043 001 ****22.50
01-31-2008 90043 002 ***277.50

DOCUMENT # L08932

1. Entity Name
SCHAROL, INC.

Principal Place of Business	Mailing Address
3 SW 129TH AVENUE SUITE 400 PEMBROKE PINES, FL 33027-1778 US	3 SW 129TH AVE. SUITE #400 PEMBROKE PINES, FL 33027 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3 SW 129 AVENUE	3 SW 129 AVENUE
Suite, Apt. #, etc.: C/O IRA D. KAPLAN	Suite, Apt. #, etc.: C/O IRA D. KAPLAN
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL.
Zip: 33027 Country: USA	Zip: 33027 Country: USA

01112008 Chg-P CR2E034 (12/06)

4. FEI Number: 59-2991661 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent:
SERNS, DAVID R.
2040 N.E. 163RD STREET
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent
Name: IRA D. KAPLAN
Street Address (P.O. Box Number is Not Acceptable): 3 SW 129 AVENUE
City: PEMBROKE PINES FL Zip Code: 33027

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 reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☒ Delete	TITLE	P/D ☐ Change ☒ Addition
NAME	SCHAEFER, ROWLAND	NAME	MARL. L. SCHAEFER
STREET ADDRESS	3 SW 129TH AVE.	STREET ADDRESS	60 EAST END AVENUE #21C
CITY-ST-ZIP	PEMBROKE PINES, FL	CITY-ST-ZIP	NEW YORK, NY 10028
TITLE	ST ☐ Delete	TITLE	ST/D ☒ Change ☐ Addition
NAME	KAPLAN, IRA D	NAME	IRA D. KAPLAN
STREET ADDRESS	3 SW 129TH AVE.	STREET ADDRESS	3 SW 129 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL	CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	☐ Delete	TITLE	VP/D ☐ Change ☒ Addition
NAME		NAME	EILEEN BONNIE SCHAEFER
STREET ADDRESS		STREET ADDRESS	2070 N. OCEAN BLVD. #2
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON, FL. 33431
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	ROBERTA WALLER
STREET ADDRESS		STREET ADDRESS	3 COLONIAL DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	UPPER BROOKVILLE, NY 11545
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Eileen Bonnie Schaefer — 1/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #