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

01112008 Chg-P CR2E034 (12/06)

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

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	7. Name and Address of New Registered Agent
SERNS, DAVID R. 2040 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33162	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHAEFER, ROWLAND 3 SW 129TH AVE. PEMBROKE PINES, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MARL. L. SCHAEFER 60 EAST END AVENUE #21C NEW YORK, NY 10028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KAPLAN, IRA D 3 SW 129TH AVE. PEMBROKE PINES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST/D IRA D. KAPLAN 3 SW 129 AVENUE PEMBROKE PINES, FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D EILEEN BONNIE SCHAEFER 2070 N. OCEAN BLVD. #2 BOCA RATON, FL. 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTA WALLER 3 COLONIAL DRIVE UPPER BROOKVILLE, NY 11545	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 #