

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90023 022 ***150.00

DOCUMENT # P00000074043 1. Entity Name SCHAEFER FAMILY HOLDINGS, INC.			
Principal Place of Business 3 S.W. 129TH AVENUE 400 PEMBROKE PINES, FL 33027 US		Mailing Address P.O. BOX 9312 MIAMI, FL 33014-9816 US	
2. Principal Place of Business - No P.O. Box # 2070 N. OCEAN BLVD Suite, Apt. #, etc. # 2		3. Mailing Address P.O. Box 2 73254 Suite, Apt. #, etc.	
City & State BOCA RATON, FL.		City & State Boca Raton, FL	
Zip 33431		Zip 33427	
Country USA		Country USA	
4. FEI Number 65-1029737		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAEFER, ROWLAND C/O CLAIRE'S STORES, INC. 3 S.W. 129TH AVE., STE. 400 HOLLYWOOD, FL 33027		7. Name and Address of New Registered Agent Name DIANE E. CORR Street Address (P.O. Box Number is Not Acceptable) 601 CYPRESS POINTE DRIVE WEST 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 <u><i>[Signature: Diane E. Corr]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SCHAEFER, ROWLAND STREET ADDRESS 3 S.W. 129TH AVE., STE. 400 CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE Co-Pres/Director NAME SCHAEFER, EILEEN BONNIE STREET ADDRESS 2070 N. OCEAN BLVD, # 2 CITY-ST-ZIP BOCA RATON, FL. 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Co-Pres/Director NAME SCHAEFER, MARLA L. STREET ADDRESS 60 EAST END AVENUE, # 210 CITY-ST-ZIP NEW YORK, NY 10028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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: <u><i>[Signature: Eileen Bonnie Schaefer]</i></u> EILEEN BONNIE SCHAEFER, CO-PRES/DIRECTOR 1/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			