

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90078 009 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000131378 1. Entity Name SCHSPV, INC.					
Principal Place of Business 929 CLINT MOORE RD BOCA RATON, FL 33487			Mailing Address 929 CLINT MOORE RD BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 999 Yamato Road		3. Mailing Address 999 Yamato Road			
Suite, Apt. #, etc. Third Floor		Suite, Apt. #, etc. Third Floor			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33431	Country USA	Zip 33431	Country USA	4. FEI Number 57-1141483	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VAZQUEZ, WILLIAM M 1001 YAMATO ROAD BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name William M. Vazquez Street Address (P.O. Box Number is Not Acceptable) 999 Yamato Road, Third Floor City Boca Raton FL Zip Code 33431		
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>William M. Vazquez</u> 4-19-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DPCO KOSLOW, HOWARD B 929 CLINT MOORE RD BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Koslow, Howard 999 Yamato Road, Third Floor Boca Raton, FL 33431
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BARONOFF, PETER 929 CLINT MOORE RD BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Baronoff, Peter 999 Yamato Road, Third Floor Boca Raton, FL 33431
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS LEDER, LARRY 929 CLINT MOORE RD BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D Leder, Lawrence 999 Yamato Road, Third Floor Boca Raton, FL 33431
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" 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		<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		<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 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: <u>Howard Koslow</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-19-07</u> Daytime Phone # <u>561-869-3100</u>		