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Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90059 032 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153609

1. Entity Name
SCHAEFER FAMILY HOLDINGS, NO. 2, INC.

Principal Place of Business	Mailing Address
3 S.W. 129TH AVENUE PEMBROKE PINES, FL 33027	P.O. BOX 9312 MIAMI, FL 33014-9861

01232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
C/o IRA D. Kaplan, 4th Floor		c/o IRA D. Kaplan, 4th Floor	
Suite, Apt. #, etc.: 3 SW 129 AVENUE		Suite, Apt. #, etc.: 3 SW 129 AVENUE	
City & State: Pembroke Pines, FL		City & State: PEMBROKE PINES, FL	
Zip: 33027	Country: USA	Zip: 33027	Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
2775 SUNNY ISLES BLVD.
SUITE 118
MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

Name: IRA D. KAPLAN
Street Address (P.O. Box Number is Not Acceptable): 4th Floor, 3 SW 129 AVE.
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 X [signature] 2/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D ☒ Delete	TITLE	P,S,T/Director ☐ Change ☒ Addition
NAME	SCHAEFER, ROWLAND	NAME	IRA D. KAPLAN
STREET ADDRESS	P.O. BOX 9312	STREET ADDRESS	4th Floor, 3 SW 129 AVE
CITY-ST-ZIP	MIAMI, FL 330149861	CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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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: X [signature] 2/5/08 (954)433-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: IRA D. KAPLAN, Pres./Sec./Tr./Director — Date — Daytime Phone #