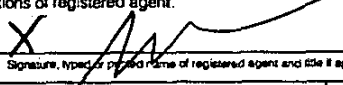
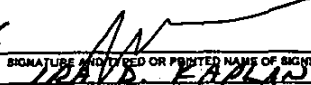


FILED
Feb 11, 2008 8:00 am
Secretary of State

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 3 S.W. 129TH AVENUE PEMBROKE PINES, FL 33027		Mailing Address P.O. BOX 9312 MIAMI, FL 33014-9861	
2. Principal Place of Business - No P.O. Box # c/o IRA D. Kaplan, 4th Floor Suite, Apt. #, etc. 3 SW 129 AVENUE City & State Pembroke Pines, FL Zip 33027 Country USA		3. Mailing Address c/o IRA D. Kaplan, 4th Floor Suite, Apt. #, etc. 3 SW 129 AVENUE City & State PEMBROKE PINES, FL Zip 33027 Country USA	
01232008		Chg-P CR2E034 (12/06)	
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:  DATE: 2/5/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
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 D SCHAEFER, ROWLAND P.O. BOX 9312 MIAMI, FL 330149861 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP P.S.T./Director IRA D. KAPLAN 4th Floor, 3 SW 129 AVE Pembroke Pines, FL 33027 ☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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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:  DATE: 2/5/08 (954) 433-3900		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR IRA D. KAPLAN, Pres./Sec./Tr./Director	