

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000153609

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** SCHAEFER FAMILY HOLDINGS, NO. 2, INC.

**Current Principal Place of Business:**

2070 NORTH OCEAN BLVD  
#2  
BOCA RATON, FL 334273254

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 273254  
BOCA RATON, FL 334273254

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORR, DIANE E  
601 CYPRESS POINTE DRIVE WEST  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: KAPLAN, IRA D  
Address: 4TH FLOOR, 3 SW 129 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IRA D KAPLAN

D

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date