

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-01-2008 90023 016 ***150.00

DOCUMENT # P05000047360 1. Entity Name SCHAEFER "A" MANAGEMENT, INC.			
Principal Place of Business 3 SW 129TH AVE STE 400 PEMBROKE PINES, FL 33027		Mailing Address 3 SW 129TH AVE STE 400 PEMBROKE PINES, FL 33027	
2. Principal Place of Business - No P.O. Box # 2070 N. OCEAN BLVD Suite, Apt. #, etc. #2		3. Mailing Address P.O. Box 273254 Suite, Apt. #, etc.	
City & State BOCA RATON, FL Zip 33431		City & State Boca Raton, FL Zip 33427	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		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 3254 NELSON, BARRY A ESQ. 2775 SUNNY ISLAES BLVD STE 118 N MIAMI BCH, FL 33160		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]</i></u> DIANE E. CORR <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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, MARLA L 305 FIFTH AVE STE 900 NEW YORK, NY 10118	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, EILEEN B 3 SW 129TH AVE STE 400 PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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><i>[Signature]</i></u> EILEEN BONNIE SCHAEFER, DIRECTOR		Date 1/14/08 Daytime Phone #	