

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90146 028 \*\*\*150.00

**DOCUMENT # P97000039303**

1. Entity Name  
**FINEBERG FAMILY HOLDINGS, INC.**



Principal Place of Business  
**5500 COLLINS AVE.  
 #701  
 MIAMI BEACH, FL 33140**

Mailing Address  
**5500 COLLINS AVE.  
 #701  
 MIAMI BEACH, FL 33140**



2. Principal Place of Business  
**13616 Deering Bay Drive**  
 Suite, Apt. #, etc.  
**Coral Gables**

3. Mailing Address  
**13616 Deering Bay Dr**  
 Suite, Apt. #, etc.  
**Coral Gable**

City & State  
**Florida**

City & State  
**Florida**

Zip  
**33158**

Country

Zip  
**33158**

Country

03242006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0748655**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FINEBERG, GLADYS**  
**5500 COLLINS AVE.**  
**SUITE 701**  
**MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name  
**Linda Schneider**

Street Address (P.O. Box Number is Not Acceptable)  
**13616 Deering Bay Drive**

City  
**Coral Gables**

City  
**Florida**

FL Zip Code  
**33158**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME <b>FINEBERG, GLADYS</b>		
STREET ADDRESS <b>5500 COLLINS AVE.</b>		
CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <b>LINDA SCHNIDER</b>		
STREET ADDRESS <b>13616 Deering Bay Drive</b>		
CITY-ST-ZIP <b>Coral Gables Florida 33158</b>		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Linda Schneider Pres 3/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #