

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039303

FILED
Apr 13, 2009
Secretary of State

Entity Name: FINEBERG FAMILY HOLDINGS, INC.

Current Principal Place of Business:

13616 DEERING BAY DR
CORAL GABLES, FL 33158

New Principal Place of Business:

Current Mailing Address:

13616 DEERING BAY DR
CORAL GABLES, FL 33158

New Mailing Address:

FEI Number: 65-0748655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHNEIDER, LINDA
13616 DEERING NAY DR
CORAL GABLES, FL 33158 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHNEIDER, LINDA
Address: 13616 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SCHNEIDER, LINDA
Address: 13616 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158

Title: VPS () Change (X) Addition
Name: SUSSMAN, DEBORAH
Address: 13616 DEERING BAY DRIVE
City-St-Zip: CORAL GABLES, FL 33158

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA SCHNEIDER

PT

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date