## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2007 08:00 A Secretary of State

AMMORE IVELONI					Secretary of St			
DOCUMENT # P00000094531  1. Entity Name SCHWARTZ INVESTMENTS, INC.					50	ccictai	y UI Si	
Principal Plac C/O MORRIS 4040 SHERII HOLLYWOOD	ENGELBERG, ESQ Dan St	Mailing Address C/O MORRIS ENGELBERG, ESQ 4040 SHERIDAN ST HOLLYWOOD, FL 33021	Old We 1		/		<b>a</b> i (( <b>a) 1</b> 00 (1) ( <b>0 b</b> )	
DO NOT WRITE IN THIS SPA			CE	04092007 4. FEI Numb 65-104	er -7085	CR2E034 (11/0	Applied For Not Applicable Additional	
6. Name and Address of Current Registered Agent								
ENGELBERG, MORRIS ESQ 4040 SHERIDAN ST HOLLYWOOD, FL 33021			DO NOT WRITE IN THIS SPACE					
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees		•		
10. OFFICERS AND DIRECTORS					<del> </del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSENBAUM, LINDA G 4040 SHERIDAN ST HOLLYWOOD, FL 33021							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BORNSTEIN, ARLENE G 4040 SHERIDAN ST HOLLYWOOD, FL 33021				U0000073 05/08/07-80	30639 0089-003	150.00	
TITLE								

DO NOT WRITE IN THIS SPACE

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 fixe empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda G. Rosenbaum, Pres.

04/12/07

561-852-6872

Daytime Phone #