

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041161

FILED
Jan 23, 2009
Secretary of State

Entity Name: STUTZ FAMILY HOLDINGS, INC.

Current Principal Place of Business:

C/O BARRY A. NELSON, ESQ.
2775 SUNNY ISLES BLVD, SUITE 118
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

C/O BARRY A. NELSON, ESQ.
2775 SUNNY ISLES BLVD, SUITE 118
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

C/O BARRY A. NELSON, ESQ.
2775 SUNNY ISLES BLVD, SUITE 118
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

C/O BARRY A. NELSON, ESQ.
2775 SUNNY ISLES BLVD, SUITE 118
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 65-1106661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, BARRY A ESQ
C/O LAW OFFICES OF NELSON & NELSON, P.A.
2775 SUNNY ISLES BOULEVARD, SUITE 118
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

NELSON, BARRY A ESQ
LAW OFFICES OF NELSON & NELSON, P.A.
2775 SUNNY ISLES BOULEVARD, SUITE 118
NORTH MIAMI BEACH, FL 33160 US

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:

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: STUTZ, LEATRICE
Address: 19195 MYSTIC POINTE DR., APT. 2407
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: STUTZ, MARK
Address: 4207 WINCHESTER ROAD
City-St-Zip: ALLENTOWN, PA 18104

Title: D () Delete
Name: STUTZ, BRUCE D
Address: 151 WARREN STREET
City-St-Zip: BROOKLYN, NY 12201

Title: D () Delete
Name: NELSON, JUDITH S
Address: 200 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEATRICE STUTZ

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date