

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041161

FILED  
Feb 03, 2011  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
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:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LEATRICE STUTZ

PSTD

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date