


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000038485
1. Entity Name
WIENER FAMILY HOLDING CORP.



Principal Place of Business
113 SUNESTA COVE DRIVE
PALM BEACH GARDENS, FL 33418

Mailing Address
113 SUNESTA COVE DRIVE
PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3306794

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

WIENER, MARVIN
131 EMERALD KEY LANE
PALM BEACH GARDENS, FL 33418

**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 _____ 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WIENER, MARVIN
STREET ADDRESS	113 SUNESTA COVE DRIVE
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	WIENER, SONDR
STREET ADDRESS	113 SUNESTA COVE DRIVE
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000583982
01/12/07-80018-018 150.00

**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 like empowered.

SIGNATURE: Marvin M. Wiener 1/10/07 561 691 5794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #