

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106381

FILED
Apr 30, 2007
Secretary of State

Entity Name: FS FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

650 WEST AVENUE
UNIT 1605
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

650 WEST AVENUE
UNIT 1605
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-8809582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUGLIUZZA, CHARLES R
381 N KROME AVENUE
SUITE 205
HOMESTEAD, FL 33030 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: TD () Delete
Name: SCHIMKAT, KATHERINE R
Address: 440 DAROCO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD (X) Delete
Name: SCHIMKAT, HAROLD
Address: 440 DAROCO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: SD () Delete
Name: FROHOCK, CHRISTINA M
Address: 650 WEST AVENUE #1605
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: FROHOCK, VAL J
Address: 516 SAVONA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD () Delete
Name: FROHOCK, FRED M
Address: 516 SAVONA AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SCHIMKAT, KATHERINE R
Address: 650 WEST AVENUE, #1605
City-St-Zip: MIAMI BEACH, FL 33139

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: KATHERINE RENEE SCHIMKAT

TD

04/30/2007

Electronic Signature of Signing Officer or Director

Date