2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 30, 2007 8:00 am Secretary of State DOCUMENT # P94000034385 1. Entity Name 07-30-2007 90061 024 ***150 00 WEINER FAMILY HOLDING CORP. Principal Place of Business Mailing Address 3210 S. OCEAN BLVD. 3210 S. OCEAN BLVD. HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number Applied For City & State City & State 22-3303998 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINER, BARRY Street Address (P.O. Box Number is Not Acceptable) 3210 S. OCEAN BLVD. APT. #301 HIGHLAND BEACH FL 33487 Zip Code 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 \$550.00 S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies if Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition THILE ☐ Delete WEINER, HOWARD B STREET ADDRESS 3210 S. OCEAN BLVD. #301 STREET ADDRESS HIGHLAND BEACH FL 33487 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZiP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7/20/07

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FILED

Daytene Phone #

Change

Addition