2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000025540

1. Entity Name
SCHWARTZ FAMILY MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
13356-88 AVE NO. SEMINOLE, FL 33776	13356-88 AVENUE NORTH SEMINOLE, FL 33776

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3380086	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

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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 _Maureen Schwartz Binderman_   DATE 1/21/07

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	ST
NAME	LIPMAN, ELAINE
STREET ADDRESS	7980 LISA DAWN AVENUE
CITY-ST-ZIP	LAS VEGAS, NV 89117

TITLE	P
NAME	BINDERMAN, MAUREEN
STREET ADDRESS	1117-A BEN FRANKLIN DR
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	V
NAME	BORNSTEIN, BILLIE SUE
STREET ADDRESS	13356 88TH AVENUE NORTH
CITY-ST-ZIP	SEMINOLE, FL 33776

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Maureen Binderman_   1/21/07   (941) 388-0360

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