## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000025540

City-St-Zip:

SEMINOLE, FL 33776

FILED Jan 12, 2009 Secretary of State

Entity Name: SCHWARTZ FAMILY MANAGEMENT COMPANY					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	N FRANKLIN A, FL 34236	DRIVE			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1117-A BEN FRANKLIN DRIVE SARASOTA, FL 34236					
FEI Number:	59-3380086	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US			1117-A BEN FRAN	BINDERMAN, MAUREEN S PRES 1117-A BEN FRANKLIN DRIVE SARASOTA, FL 34236 US	
The above in the State		submits this statement for the pu	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: MAUREEN BINDERMAN				01/12/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST ( LIPMAN, ELAIN 2916 HAWKSD LAS VEGAS, N	ALE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ( BINDERMAN, N 1117-A BEN FF SARASOTA, FL	RANKLIN DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V ( BORNSTEIN, E 13356 88TH AV		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MAUREEN BINDERMAN Ρ 01/12/2009