


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 244946**  
 1. Entity Name  
**HERSKOWITZ FAMILY ENTERPRISES, INC.**



Principal Place of Business: **1320 SO. DIXIE HWY. SUITE 940 CORAL GABLES, FL 33146**  
 Mailing Address: **1320 SO. DIXIE HWY. SUITE 940 CORAL GABLES, FL 33146**



03232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **59-0953797** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HERSKOWITZ, BERNARD**  
**1320 S. DIXIE HWY. #940**  
**CORAL GABLES, FL 33146**

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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERSKOWITZ, JEROME
STREET ADDRESS	1320 S. DIXIE HWY. #940
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VD
NAME	HERSKOWITZ, BERNARD
STREET ADDRESS	1320 S. DIXIE HWY. #940
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SD
NAME	HERSKOWITZ, JACK
STREET ADDRESS	1320 S. DIXIE HWY. #940
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	HERSKOWITZ, ALLAN (ASST)
STREET ADDRESS	1320 S. DIXIE HWY. #940
CITY-ST-ZIP	CORAL GABLES, FL
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 exemption stated in Section 119.07(3)(f), 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: Bernard Herskowitz 3/28/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #