


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # V12886
 1. Entity Name
SCRIBE ENTERPRISES, INC.



Principal Place of Business Mailing Address
8400 N UNIVERSITY DR **8400 N UNIVERSITY DR**
109 **109**
TAMARAC FL 33321 **TAMARAC FL 33321**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



4. FEI Number **65-0315719** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHREIBER, BRUCE
8400 N. UNIVERSITY DR
TAMARAC FL 33321

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **VP** Delete
 NAME: **SCHREIBER, LOUIS**
 STREET ADDRESS: **8400 N UNIVERSITY DR**
 CITY- ST- ZIP: **TAMARAC FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

TITLE: **PD** Delete
 NAME: **SCHREIBER, BRUCE**
 STREET ADDRESS: **8400 N. UNIVERSITY DR**
 CITY- ST- ZIP: **TAMARAC FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

TITLE: **ST** Delete
 NAME: **SCHREIBER, SYDNEY**
 STREET ADDRESS: **8400 N. UNIVERSITY DR**
 CITY- ST- ZIP: **TAMARAC FL 33321**

TITLE: Change Addition
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TITLE: Change Addition
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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)(i), 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: Bruce Schreiber **Bruce Schreiber President 4/22/05 (954)7228400**