


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 273289
 1. Entity Name **SULZBERGER ENTERPRISES INC**



Principal Place of Business: 1090 KANE CONCOURSE, BAY HARBOR ISLANDS FL 33154
 Mailing Address: 1090 KANE CONCOURSE, BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



MOORE CR2E034 (11/03)

4. FEI Number: 59-1032618 Applied For Not Applied
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **SULZBERGER, EUGENE W, 1090 KANE CONCOURSE, BAY HARBOR ISLANDS FL 33154**
 7. Name and Address of New Registered Agent: 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: *Eugene W. Sulzberger* (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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: PD <input type="checkbox"/> Delete	NAME: SULZBERGER, EUGENE W	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS: 1090 KANE CONCOURSE	CITY-ST-ZIP: BAY HARBOR ISL FL	U00000011676	01/23/04-80046-025 150.00
TITLE: T <input type="checkbox"/> Delete	NAME: SULZBERGER, BEVERLEY R	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS: 1090 KANE CONCOURSE	CITY-ST-ZIP: BAY HARBOR ISL FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE: D <input type="checkbox"/> Delete	NAME: SULZBERGER, BEVERLEY R	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS: 1090 KANE CONCOURSE	CITY-ST-ZIP: BAY HARBOR ISL FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS:	CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS:	CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS:	CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene W. Sulzberger Pres.* **EUGENE W. SULZBERGER** 1-21-04 305-865-8631
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #