
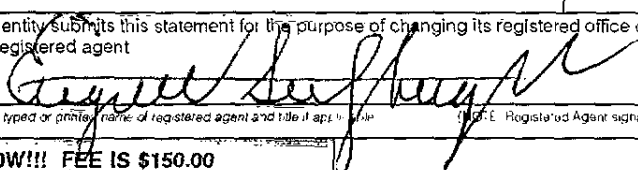
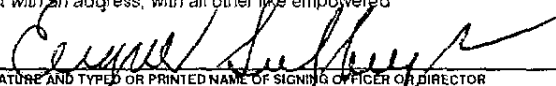


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2005 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.		3. Mailing Address Suite, Apt #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-1032618		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>Registered Agent signature required when re-registering</small>		
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 <input type="checkbox"/> \$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 STREET ADDRESS: 1090 KANE CONCOURSE CITY- ST- ZIP: BAY HARBOR ISL FL	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	U00000374175 07/22/05-80011-006 550.00
TITLE: T <input type="checkbox"/> Delete NAME: SULZBERGER, BEVERLEY R STREET ADDRESS: 1090 KANE CONCOURSE CITY- ST- ZIP: BAY HARBOR ISL FL	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: D <input type="checkbox"/> Delete NAME: SULZBERGER, BEVERLEY R STREET ADDRESS: 1090 KANE CONCOURSE CITY- ST- ZIP: BAY HARBOR ISL FL	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
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: 		Date: 7-12-05 Daytime Phone #: 305-865-8631
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>