


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

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



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



2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

**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*      DATE 1-18-06

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULZBERGER, EUGENE W	
STREET ADDRESS	1090 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SULZBERGER, BEVERLEY R	
STREET ADDRESS	1090 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISL FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000394241  
 01/26/06-80002-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Eugene W. Sulzberger*      **EUGENE W. SULZBERGER**      Date 1-18-06      Daytime Phone # 305-865-863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #