

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 473705

FILED  
Mar 02, 2004  
Secretary of State

Entity Name: HALPERN ENTERPRISES, INC.

## Current Principal Place of Business:

6548 VIA PALERMO  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 8258  
DELRAY BEACH, FL 334828258

## New Mailing Address:

FEI Number: 59-1581039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALPERN, REBECCA PRES  
6548 VIA PALERMO  
DELRAY BEACH, FL 33446 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HALPERN, REBECCA,  
Address: 6548 VIA PALERMO  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: HALPERN, DAVID  
Address: 6548 VIA PALERMO  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA HALPERN

PD

03/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date