

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 810429**

1. Entity Name  
**HANDELMAN ENTERPRISES, INC.**



**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90042 047 \*\*\*150.00

Principal Place of Business  
**8955 SW 86 ST**  
**MIAMI, FL 33173-4540 US**

Mailing Address  
**8955 SW 86 ST**  
**MIAMI, FL 33173-4540 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**36-2420166**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**HESSER, BARRY**  
**8955 SW 86 ST**  
**MIAMI, FL 33173**

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PTD**  
**HESSER, NORMAN**  
**8666 SW 114 PLACE**  
**MIAMI, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD**  
**HESSER, BARRY**  
**8955 SW 86TH STREET**  
**MIAMI, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD**  
**HESSER, SYLVIA**  
**8666 SW 114 PLACE**  
**MIAMI, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD**  
**HESSER, FRANCES**  
**8955 SW 86TH ST.**  
**MIAMI, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD**  
**HESSER, DEBRA**  
**6320 NW 180 TERRACE**  
**MIAMI, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD**  
**HESSER, ANDREW**  
**10124 SW 130 TERRACE**  
**MIAMI, FL**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☒ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**10117 W. SUPERIOR AVE.**  
**TOLLESON, ARIZONA 85353**

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: **BARRY HESSER**

**2/2/04**

**(305) 412-0770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #