

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 810429**

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



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

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



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HESSER, BARRY 8955 SW 86TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HESSER, SYLVIA 8666 SW 114 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HESSER, FRANCES 8955 SW 86TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HESSER, DEBRA 10117 W. SUPERIOR AVE. TOLLESON, AZ 85353
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HESSER, ANDREW 10124 SW 130 TERRACE MIAMI, FL

1000000210214  
02/02/05-80072-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** **BARRY HESSER**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**2/1/05 305-412-0770**

Date

Daytime Phone #