

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90043 015 \*\*\*158.75

**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**

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2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**36-2420166**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HESSER, BARRY</b> <b>8955 SW 86 ST</b> <b>MIAMI, FL 33173</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESSER, NORMAN			NAME			
STREET ADDRESS	8666 SW 114 PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESSER, BARRY			NAME	HESSER, BARRY		
STREET ADDRESS	8955 SW 86TH STREET			STREET ADDRESS	8955 SW 86 STREET		
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	MIAMI, FL 33173		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESSER, SYLVIA			NAME	HESSER, SYLVIA		
STREET ADDRESS	8666 SW 114 PLACE			STREET ADDRESS	11355 SW 84 STREET		
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	MIAMI, FL 33173		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESSER, FRANCES			NAME			
STREET ADDRESS	8955 SW 86TH ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESSER, DEBRA			NAME			
STREET ADDRESS	10117 W. SUPERIOR AVE.			STREET ADDRESS			
CITY-ST-ZIP	TOLLESON, AZ 85353			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESSER, ANDREW			NAME			
STREET ADDRESS	10124 SW 130 TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 IVE empowered.

SIGNATURE: *[Signature]* **BARRY HESSER** **1/6/06** **305-412-0770**

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