

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 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**



01072008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HESSER, BARRY
STREET ADDRESS	8955 SW 86TH STREET
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	SD
NAME	HESSER, SYLVIA
STREET ADDRESS	11355 SW 84 ST.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VD
NAME	HESSER, FRANCES
STREET ADDRESS	8955 SW 86TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	THOMPSON, DEBRA H
STREET ADDRESS	10117 W. SUPERIOR AVE.
CITY-ST-ZIP	TOLLESON, AZ 85353
TITLE	VD
NAME	HESSER, ANDREW
STREET ADDRESS	10124 SW 130 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/08-80049-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

BARRY HESSER

1/2/08

305-412-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #