


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # F08375 1. Entity Name ZUBCOV ENTERPRISES, INC.	
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Principal Place of Business 4301 GULF SHORE BLVD N 802 NAPLES, FL 34103	Mailing Address 4301 GULF SHORE BLVD N 802 NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2046928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STARMAN, SHELDON
4099 TAMiami TRAIL N
SUITE 400
NAPLES, FL 34103

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000046324 02/11/04-80098-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SOUPCOFF, HAROLD 1485 WHITEHORSE ROAD DOWNSVIEW, ONTARIO, CD,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOUPCOFF, KAREN 1485 WHITEHORSE ROAD DOWNSVIEW, ONTARIO, CD,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SOUPCOFF, ROCHELLE 1485 WHITEHORSE ROAD DOWNSVIEW, ONTARIO, CD,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Harold Soupcoff Date: Feb 11/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD SOUPCOFF