


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F08375**  
 1. Entity Name  
**ZUBCOV ENTERPRISES, INC.**



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**

01112005 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

**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 \_\_\_\_\_ (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	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	

00000184406  
 01/20/05-90029-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Harold Soupcoff Date: Jan 15, 2005

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