

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000101797

1. Entity Name

ED ROW ENTERPRISES



**FILED  
Apr 19, 2005 8:00 am  
Secretary of State**

04-19-2005 90377 026 \*\*\*150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business		Mailing Address	
6351 SAN MICHEL WAY DELRAY BCH FL 33484		6351 SAN MICHEL WAY DELRAY BCH FL 33484	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WURZBERG, EDWARD L 6351 SAN MICHEL WAY DELRAY BCH FL 33484		Name <b>WURZBERG, ROSALIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6351 SAN MICHEL WAY</b>	
		City <b>DELRAY BEACH</b> FL Zip Code <b>33484</b>	

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 *Rosalie Wurzberg*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *4/14/2005*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURZBERG, EDWARD L		
STREET ADDRESS	6351 SAN MICHEL WAY		
CITY-ST-ZIP	DELRAY BCH FL 33484		
TITLE	D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURZBERG, ROSALIE		
STREET ADDRESS	6351 SAN MICHEL WAY		
CITY-ST-ZIP	DELRAY BCH FL 33484		
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Rosalie Wurzberg ROSALIE WURZBERG* 4/14/05 (561)496-1403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #