

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

DOCUMENT # P02000061659

1. Entity Name

SILBERHORN'S ENTERPRISES, INC.



01-29-2004 90051 001 ***150.00

01-29-2004 90051 002 *****8.75

Principal Place of Business

587 W. PALM AIRE DRIVE
POMPANO BEACH FL 33069-5547

Mailing Address

587 W. PALM AIRE DRIVE
POMPANO BEACH FL 33069-5547

2. Principal Place of Business

587 W. PALM AIRE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL.

City & State

Zip

Country

33069

Country

BROWARD

4. FEI Number 80-0048043

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

SILBERHORN, LARRY
936 INTRACOASTAL DRIVE 8A
FT LAUDERDALE FL 33304-3640

7. Name and Address of New Registered Agent

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

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, 2004 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

TITLE DP ☐ Delete
NAME SILBERHORN, LARRY
STREET ADDRESS 936 INTRACOASTAL DRIVE 8A
CITY-ST-ZIP FT LAUDERDALE FL 33304-3640

TITLE DVS ☐ Delete
NAME GARBESON, GARY
STREET ADDRESS 936 INTRACOASTAL DRIVE 8A
CITY-ST-ZIP FT LAUDERDALE FL 33304-3640

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LARRY SILBERHORN 01/23/04 954-970-3568