2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91020 001 ***150.00

DOCUMENT # P94000074009

1. Entity Name
EDELMAN ENTERPRISES, INC.

94081669

Principal Place of Business	Mailing Address
~~4608 N HIATUS RD~~	~~4608 N HIATUS RD~~
~~SUNRISE, FL~~ 33351	~~SUNRISE, FL~~ 33351

2. Principal Place of Business	3. Mailing Address
5405 NW 102 AVE	5405 NW 102 AVE
Suite, Apt. #, etc. STE 237	Suite, Apt. #, etc. STE 237
City & State SUNRISE, FL	City & State SUNRISE, FL
Zip 33351 Country USA	Zip 33351 Country USA

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0535854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDELMAN, SHARON L
~~4608 N HIATUS ROAD~~
~~SUNRISE, FL~~ 33351

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5405 NW 102 AVE
STE 237
City SUNRISE FL Zip Code 33351

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDELMAN, SHARON L ~~4608 N HIATUS ROAD~~ ~~SUNRISE, FL~~ 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5405 NW 102 AVE, STE 237 SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EDELMAN, BRAD ~~4608 N HIATUS ROAD~~ ~~SUNRISE, FL 33~~351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5405 NW 102 AVE, STE 237 SUNRISE, FL 33351
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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: Sharon L Edelman SHARON L. EDELMAN 4/30/04 954-742-3005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #