

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90030 018 ***150.00

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1. Entity Name
EDELMAN ENTERPRISES, INC.



Principal Place of Business
5405 NW 102 AVE, STE 237
SUNRISE, FL 33351
11757 NW 18 CT
CORAL SPRINGS, FL 33071

Mailing Address
5405 NW 102 AVE, STE 237
SUNRISE, FL 33351
1440 CORAL RIDGE DR #385
CORAL SPRINGS, FL 33071

50065984



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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
5405 NW 102 AVE, STE 237
SUNRISE, FL 33351
1440 CORAL RIDGE DR #385
CORAL SPRINGS, FL 33071

**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 Sharon L. Edelman SHARON L. EDELMAN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9/1/05
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EDELMAN, SHARON L
STREET ADDRESS 5405 NW 102 AVE, STE 237 1440 CORAL RIDGE DR #385
CITY-ST-ZIP SUNRISE, FL 33351 CORAL SPRINGS, FL 33071

TITLE VP
NAME EDELMAN, BRAD
STREET ADDRESS 5405 NW 102 AVE, STE 237 SAME AS ABOVE
CITY-ST-ZIP SUNRISE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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: Brad D. Edelman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/05
Date

954-344-2274
Daytime Phone #