2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S47535

1. Entity Name
WOLFMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
640 SW 62 AVENUE PLANTATION, FL 33317	640 SW 62 AVENUE PLANTATION, FL 33317

04142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0260260	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOLFMAN, JUDITH
640 SW 62 AVENUE
PLANTATION, FL 33317

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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 _____

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, 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	PD
NAME	WOLFMAN, JUDITH
STREET ADDRESS	640 SW 62 AVENUE
CITY-ST-ZIP	PLANTATION, FL

TITLE	STD
NAME	WOLFMAN, STEPHEN
STREET ADDRESS	640 SW 62 AVENUE
CITY-ST-ZIP	PLANTATION, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/18/05-80071-007 150.00

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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: _____ STEPHEN WOLFMAN _____ 14, 2005 954-791-876)

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