


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # S47535 1. Entity Name WOLFMAN ENTERPRISES, INC.	
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Principal Place of Business 640 SW 62 AVENUE PLANTATION, FL 33317	Mailing Address 640 SW 62 AVENUE PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0260260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOLFMAN, JUDITH 640 SW 62 AVENUE PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WOLFMAN, STEPHEN 640 SW 62 AVENUE PLANTATION, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Steph Wolfman VP* April 3, 2006 954 791 8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #