


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000099333

1. Entity Name
JEROME ALEXANDER CONSULTING CORP.



Principal Place of Business	Mailing Address
10205 COLLINS AVE 1005 BAL HARBOUR, FL 33154 US	10205 COLLINS AVE 1005 BAL HARBOUR, FL 33154 US

DO NOT WRITE IN THIS SPACE



05232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0796923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AXELROD, JEROME
 10205 COLLINS AVENUE, STE. 1005
 BAL HARBOUR, FL 33154

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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
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.

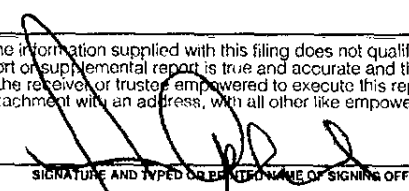
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AXELROD, JEROME
STREET ADDRESS	10205 COLLINS AVE SUITE 1005
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  DATE: 5.24.05 DAYTIME PHONE #: 305-892-8870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR