

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|                                                                                        |         |                                                                                   |         |
|----------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # F96000003148                                                                |         |  |         |
| 1. Entity Name<br>JACOBSON ENTERPRISES, INC.                                           |         |                                                                                   |         |
| Principal Place of Business<br>777 BRICKELL AVENUE<br>SUITE 1370<br>MIAMI, FL 33131 US |         | Mailing Address<br>777 BRICKELL AVENUE<br>SUITE 1370<br>MIAMI, FL 33131 US        |         |
| 2. Principal Place of Business                                                         |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                                    |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                           |         | City & State                                                                      |         |
| Zip                                                                                    | Country | Zip                                                                               | Country |

FILED

04 OCT 25 AM 9: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10192004 Chg-P CR2E034 (10/03)

|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-0640078                                                              | Applied For<br><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<br>JACOBSON, STEVEN W<br>777 BRICKELL AVENUE<br>SUITE 1370<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                      |  | 7. Name and Address of New Registered Agent<br>Name: <u>Recio, Frank</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>777 Brickell Avenue</u><br><u>Suite 1370</u><br>City: <u>Miami, FL</u> <u>FL</u> Zip Code: <u>33131</u> |  |
| 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.<br>SIGNATURE: <u>[Signature]</u> <u>Francisco Recio, President + COO</u> 10/20/04<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |  |                                                                                                                                                                                                                                            |  |

|                       |                                                                                                              |
|-----------------------|--------------------------------------------------------------------------------------------------------------|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------|--------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                   |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>JACOBSON, STEVEN<br>777 BRICKELL AVE., SUITE 1370<br>MIAMI, FL 33131 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>400042159644<br>10/25/04--01067--019 **61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>RAWAT, KELLMA<br>600 ALTON RD. #907<br>MIAMI BEACH, FL 33133 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | COO<br>RECIO, FRANK<br>777 BRICKELL AVE. #1370<br>MIAMI, FL 33131 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFO<br>DAVIS, RONALD<br>777 BRICKELL AVE. #1370<br>MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>MCCLOURGHENTY, JOE<br>777 BRICKELL AVE. #1370<br>MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FULTON, KELLY<br>777 BRICKELL AVE. #1370<br>MIAMI, FL 33131 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |

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: [Signature] 10/19/04 305-530-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #