

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90029 001 ***150.00

DOCUMENT # J22887

1. Entity Name

JACOB 1535 PROPERTIES, INC.



Principal Place of Business
3510 PINE TREE DRIVE
MIAMI BEACH FL 33140
US

Mailing Address
3510 PINE TREE DRIVE
MIAMI BEACH FL 33140
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2700275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEHRPOVYAN, CYRUS
3510 PINE TREE DRIVE
MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SOLONI, MARTA
STREET ADDRESS 3510 PINE TREE DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS ☒ Change
CITY-ST-ZIP ☒ Change

TITLE VP ☐ Delete
NAME MEHRPOUYAN, CYRUS
STREET ADDRESS 3510 PINE TREE DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS ☒ Change
CITY-ST-ZIP ☒ Change

TITLE VP ☐ Delete
NAME BABBA, J. MEHRPOUYAN
STREET ADDRESS 3510 PINE TREE DR.
CITY-ST-ZIP MIAMI BEACH 33140

TITLE ☐ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS ☒ Change
CITY-ST-ZIP ☒ Change

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change
STREET ADDRESS ☐ Change
CITY-ST-ZIP ☐ Change

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change
STREET ADDRESS ☐ Change
CITY-ST-ZIP ☐ Change

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change
STREET ADDRESS ☐ Change
CITY-ST-ZIP ☐ Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 6/06 305-525-8628