


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90330 023 ***150.00

DOCUMENT # M36682
 1. Entity Name
ELLEN JACOBY CASTING INTERNATIONAL LTD., INC.




Principal Place of Business Mailing Address
300 BISCAYNE BLVD WAY **300 BISCAYNE BLVD WAY**
1150 **1150**
MIAMI FL 33131 **MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address
150 S.E. 2 AVE **150 S.E. 2 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1007 **# 1007**

City & State City & State
MIAMI FL **MIAMI FL**
 Zip Country Zip Country
33131 **USA** **33131** **USA**

50039728



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
59-2715546 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JACOBY, ELLEN
300 BISCAYNE BLVD WAY #1150
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **ELLEN-JACOBY**
 Street Address (P.O. Box Number is Not Acceptable) **150 S.E. 2 AVE 1007**
 City **MIAMI** FL Zip Code **33131**

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JACOBY, ELLEN	
STREET ADDRESS	900 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHAEL DOCK	
STREET ADDRESS	600 NE 36TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **MICHAEL DOCK** 4/14/05 305-373-0073
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #