


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # N18085 1. Entity Name THE THIRTY PLUS FUND, INC.	
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Principal Place of Business 6801 PULLEN AVE. CORAL GABLES, FL 33133	Mailing Address 6801 PULLEN AVE. CORAL GABLES, FL 33133
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DO NOT WRITE IN THIS SPACE

04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2753921	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 JACOBSON, BERNARD 6801 PULLEN AVE. CORAL GABLES, FL 33133

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBSON, FLORENCE 6801 PULLEN AVE. CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JACOBSON, BERNARD 6801 PULLEN AVE. CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD JACOBSON, DANIEL J 28 FLOOR ONE SE THIRD AVE. MIAMI, FL 33131
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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IN THIS SPACE**

UD00000341225
04/29/05-80007-006 61.25

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 617, 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: Bernard Jacobson **Bernard Jacobson** April 25, 2005 305-982-5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #