

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000058862

1. Entity Name
JOEL S. JACOBI, P.A.



Principal Place of Business
12555 BISCAYNE BLVD.
#844
MIAMI, FL 33181 US

Mailing Address
12555 BISCAYNE BLVD.
#844
MIAMI, FL 33181 US



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3675154

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBI, JOEL S
12555 BISCAYNE BLVD.
#844
MIAMI, FL 33181

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DPVT
NAME JACOBI, JOEL S
STREET ADDRESS 12555 BISCAYNE BLVD. #844
CITY-ST-ZIP MIAMI, FL 33181

TITLE S
NAME JACOBI, JOEL S
STREET ADDRESS 12555 BISCAYNE BLVD. #844
CITY-ST-ZIP MIAMI, FL 33181

TITLE
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CITY-ST-ZIP

U00000620947
02/09/07-80056-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **2/5/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #