



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000058862 1. Entity Name JOEL S. JACOBI, P.A.	
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Principal Place of Business 12555 BISCAYNE BLVD. #844 MIAMI, FL 33181 US	Mailing Address 12555 BISCAYNE BLVD. #844 MIAMI, FL 33181 US
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DO NOT WRITE IN THIS SPACE


04222008 No Chg-P CR2E034 (11/05)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable

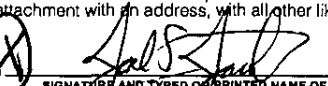
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000923123 05/16/08-80016-013 150.00
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10. OFFICERS AND DIRECTORS

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

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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:  **4/22/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #