

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90026 017 \*\*\*150.00

**DOCUMENT # P03000093030**

1. Entity Name  
**JACOB'S DELI RESTAURANT, INC.**



Principal Place of Business

**3155 N. 39TH ST.  
HOLLYWOOD, FL 33021**

Mailing Address

**3155 N. 39TH ST.  
HOLLYWOOD, FL 33021**

**20026068**



2. Principal Place of Business

**8831 HYPOLUXO ROAD**

Suite, Apt. #, etc.

**LAKE WORTH, FL**

City & State

3. Mailing Address

**8831 HYPOLUXO ROAD**

Suite, Apt. #, etc.

**LAKE WORTH, FL**

City & State

03232005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0357569**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

**33467**

Country

**USA**

Zip

**33467**

Country

**USA**

6. Name and Address of Current Registered Agent

**KLAPHOLZ, JOSEPH P.  
2500 HOLLYWOOD BLVD., STE. 212  
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name

**ELAINE SPIEGEL**

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

**5721 MUIRFIELD VILLAGE CIRCLE**

City

**LAKE WORTH**

**FL**

Zip Code

**33463**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME SPIEGEL, ELAINE  
STREET ADDRESS 5721 MUIRFIELD CIRCLE  
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #