

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008402

Entity Name: JACOBIZ ENTERPRISES INC

FILED
Jul 09, 2009
Secretary of State

Current Principal Place of Business:

1555 NE 164 STREET UNIT B
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1500 NW 12 AVENUE APT 1603
MIAMI, FL 33136

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX RESOURCE CENTER OF FLORIDA INC
20401 NW 2 AVENUE, SUITE 103
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBERT, JACOB
Address: 1500 NW 12 AVENUE APT 1603
City-St-Zip: MIAMI, FL 33136

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALBERT, JACOB
Address: 1500 NW 12 AVENUE APT 1603
City-St-Zip: MIAMI, FL 33136

Title: P () Change (X) Addition
Name: ALBERT, ROSELAIN
Address: 1500 NW 12 AVENUE APT 1603
City-St-Zip: MIAMI, FL 33136

Title: VP () Change (X) Addition
Name: ALBERT, TECHELET
Address: 1500 NW 12 AVENUE APT 1603
City-St-Zip: MIAMI, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB ALBERT

P

07/09/2009

Electronic Signature of Signing Officer or Director

Date