


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State


DOCUMENT # P93000087390

1. Entity Name
JACOBI & JACOBI, P.A.



Principal Place of Business 1313 N.E. 125TH STREET STE 200 N. MIAMI, FL 33161	Mailing Address 1313 N.E. 125TH STREET STE 200 N. MIAMI, FL 33161
---	---

DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0462038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**JACOBI, BENJAMIN R
 1313 N.E. 125TH STREET
 STE 200
 N. MIAMI, FL 33161**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PVST JACOBI, BENJAMIN R 1313 NE 125TH ST #200 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBI, BENJAMIN R 1313 NE 125TH ST #200 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000602917
 01/26/07-80110-020 150.00

DO NOT WRITE 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 I am empowered.

SIGNATURE:  **Pres** 22 JAN 07 305 8934135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #