## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010894

Entity Name: MITCHELL E. JACOBS, P.A.

**FILED** Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

15001 NW 42ND AVENUE 7320 GRIFFIN ROAD MIAMI, FL 330542324 US

SUITE 223

DAVIE, FL 33314

**Current Mailing Address:** New Mailing Address:

7320 GRIFFIN ROAD 15001 NW 42ND AVENUE MIAMI, FL 330542324 US

SUITE 223

**DAVIE, FL 33314** US

FEI Number: 65-0726452 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACOBS, MITCHELL E JACOBS, MITCHELL E 7320 GRÍFFIN ROAD 15001 NW 42ND AVENUE MIAMI, FL 33054 SUITE 223

DAVIE, FL 33314 US

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: MITCHELL E. JACOBS 04/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

JACOBS, MITCHELL E Name: Name: JACOBS, MITCHELL E 15001 NW 42ND AVENUE 7320 GRIFFIN ROAD, SUITE 223 Address: Address:

City-St-Zip: MIAMI, FL 33054 City-St-Zip: **DAVIE, FL 33314** 

( ) Delete Title: Title: (X) Change ( ) Addition

Name: JACOBS, CATHERINE Name: JACOBS, CATHERINE

15001 NW 42ND AVENUE Address: 7320 GRIFFIN ROAD, SUITE 223 Address:

MIAMI, FL 33054 DAVIE, FL 33314 City-St-Zip: City-St-Zip:

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: MITCHELL E. JACOBS **OFF** 04/29/2008