


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90119 001 ***150.00

DOCUMENT # P97000034880					
1. Entity Name JACOBI'S MANAGEMENT, INC.					
Principal Place of Business 112 SW 20TH AVE FORT LAUDERDALE, FL 33312			Mailing Address 112 SW 20TH AVE FORT LAUDERDALE, FL 33312		
2. Principal Place of Business 5611 NW 14 CT			3. Mailing Address 5611 NW 14 CT		
Suite, Apt. #, etc. 5611			Suite, Apt. #, etc. 5611		
City & State LAUDERHILL FL			City & State LAUDERHILL FL		
Zip 3312		Country		Zip 33312	
				Country	
6. Name and Address of Current Registered Agent JACOBI, ANDREAS 14030 BISCAYNE BLVD. APT. 512 MIAMI, FL 33181				7. Name and Address of New Registered Agent Name JACOBI - ANDREAS Street Address (P.O. Box Number is Not Acceptable) 5611 NW 14 CT City LAUDERHILL FL Zip Code 33312	
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 <u><i>Andreas Jacobi</i></u> ANDREAS JACOBI DATE <u>28/APRIL/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JACOBI, ANDREAS A 14030 BISCAYNE BLVD.-APT. 512 MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JACOBI, ANDREAS A 5611 NW 14 CT LAUDERHILL FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 recipient 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: <u><i>Andreas Jacobi</i></u> ANDREAS JACOBI			Date <u>28/APRIL/05</u> (954) 801 3947		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		