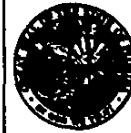


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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 14CT

3. Mailing Address

5611 NW 14CT

Suite, Apt. #, etc.

5611

Suite, Apt. #, etc.

5611

City & State

LAUDERDALE FL

City & State

LAUDERDALE FL

Zip

33312

Zip

33312

Country

Country

6. Name and Address of Current Registered Agent

JACOBI, ANDREAS  
14030 BISCAYNE BLVD.  
APT. 512  
MIAMI, FL 33181

Name

JACOBI ANDREAS

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

5611 NW 14 CT

City LAUDERDALE

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:

*John A. ANDREAS Jacobi*

(NOTE: Registered Agent signature required when restating)

28/APRIL/05

DATE

FILE NOW!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$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 LAUDERDALE FL 33312	<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
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 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:

*John A. ANDREAS Jacobi*

28/APRIL/05

(954)801-3947

Date Daytime Phone #

Q U U U U U U U



04292005 Chg-P CR2E034 (10/03)

4. FEI Number  
93-3797613

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

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 LAUDERDALE

FL

Zip Code 33312