2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095874

Entity Name: JACOB MEDICAL ENTERPRISES CORP.

FILED Jan 11, 2005 Secretary of State

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

7511 N.W. 73 ST., #111 3850 SW 87TH AVENUE MIAMI, FL 33166

207-B

MIAMI, FL 33165

Current Mailing Address: New Mailing Address:

3850 SW 87TH AVENUE 7511 N.W. 73 ST., #111 MIAMI, FL 33166

207-B

MIAMI, FL 33165

FEI Number: 65-0965107 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:

ALFONSO, JOSE ALFONSO, JOSE 7511 N.W. 73 ST. #111 3850 SW 87TH AVENUE MIAMI, FL 33166 207-B MIAMI, FL 33165 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: 01/11/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

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

ALFONSO, JOSE ALFONSO, JOSE Name: Name:

7511 N.W. 73 ST. #111 Address: 3850 SW 87TH AVENUE, STE. 207 Address:

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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.

Ρ SIGNATURE: JOSE ALFONSO 01/11/2005