2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098668

Entity Name: JEROME ALEXANDER GLOBAL, INC.

FILED Jun 30, 2004 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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1897 N.E. 146TH STREET NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

1897 N.E. 146TH STREET NORTH MIAMI, FL 33181

FEI Number: 65-0986382 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:

AXELROD, BERIN
9500 WEST BAY HARBOR DR.
APT. #5-A
BAY HARBOR ISLANDS, FL 33154 US
AXELROD, JEROME
10205 COLLINS AVENUE
1005
BAL HARBOUR, FL 33154 US

BALTIARDOR ISLANDS, LE 33134 03

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: JEROME AXELROD 06/30/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 AXELROD, BERIN
 Name:
 AXELROD, BERIN

 Address:
 9500 WEST BAY HARBOR DR., APT. 5A
 Address:
 54 PASEO ENCANTADO NE

 City-St-Zip:
 BAY HARBOR ISLANDS, FL 33154
 City-St-Zip:
 SANTA FE, NM 87506

Title: C () Delete Title: () Change () Addition

 Name:
 AXELROD, JEROME
 Name:

 Address:
 10205 COLLINS AVE., APT. 1005
 Address:

 City-St-Zip:
 BAL HARBOUR, FL 33154
 City-St-Zip:

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 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: JEROME AXELROD C 06/30/2004