



2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90083 017 ***150.00

DOCUMENT # S39420 1. Entity Name GLORIA C. JACOB DESIGNS INTERNATIONAL, INC.																													
Principal Place of Business 170 LAS BRISAS CIRCLE HYPOLUXO, FL 33462			Mailing Address 170 LAS BRISAS CIRCLE HYPOLUXO, FL 33462 <div style="text-align: right; font-size: 1.5em;">OK.</div>																										
2. Principal Place of Business 704 Lucerne Ave. Suite, Apt. #, etc.		3. Mailing Address 170 LAS BRISAS CIRCLE Suite, Apt. #, etc.																											
City & State LAKE WORTH, FL. Zip 33460		City & State Country USA		03292005 Chg-P CR2E034 (10/03) 4. FEI Number 65-0248763																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																											
6. Name and Address of Current Registered Agent JACOB, GLORIA C. 170 LAS BRISAS CRICLE LAKE WORTH, FL 33462 Hypoluxo, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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>Gloria C. Jacob, President</u> 4-2-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																													
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																											
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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: <u>Gloria C. Jacob</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-2-05 561-588-7466 <small>Date Daytime Phone #</small>																										

ATTACHMENT

50035335-

To receive a form by mail:

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

S39420

GLORIA C. JACOB DESIGNS INTERNATIONAL, INC.
170 LAS BRISAS CIRCLE
HYPOLUXO FL 33462-7072

Change of Address

104 Lucerne Ave.
LAKE WORTH - FL
33460

