


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90342 042 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000060798		
1. Entity Name J A F HOLDINGS OF SOUTH FLORIDA, INC.		
Principal Place of Business 1711 AVENIDA DEL SOL BOCA RATON, FL 33432		Mailing Address 1711 AVENIDA DEL SOL BOCA RATON, FL 33432
2. Principal Place of Business 615 RENAISSANCE WAY Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1869 Suite, Apt. #, etc.
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL
Zip 33483	Country	Zip 33447
4. FEI Number 35-2171087		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FATOR, JAMES 1711 AVENIDA DEL SOL BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name FATOR, JAMES Street Address (P.O. Box Number is Not Acceptable) 615 RENAISSANCE WAY City DELRAY BEACH FL Zip Code 33483
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		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	D FATOR, JAMES A 1711 AVENIDA DEL SOL BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(c), 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 907, 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 empowerment.		
SIGNATURE: <i>James A Fator</i>		Date: 4/27/04 561-702-0311
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>