


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 295261 1. Entity Name J A F CORPORATION		
Principal Place of Business 16235 N E 11TH COURT NORTH MIAMI BEACH, FL 33162	Mailing Address 16235 N E 11TH COURT NORTH MIAMI BEACH, FL 33162	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KANE, STANFORD 16235 NE 11 CT NORTH MIAMI BEACH, FL 33162		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANE, STANFORD 16235 N.E. 11 CT. NORTH MIAMI BEACH, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, MARIAN 3000 ISLAND BLVD, #2102 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/2/06 305 9473428 <small>Daytime Phone</small>



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1147485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1000000442627
03/04/06-80030-002 150.00

**DO NOT WRITE
IN THIS SPACE**