2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SECRETARY OF STATE **DOCUMENT # F93000000695** DIVISION OF CORPORATIONS 1. Entity Name JF NÉVADA CORP. 05 APR II PM I: On Principal Place of Business Mailing Address C/O 600 CENTRAL AVE. C/O 600 CENTRAL AVE. **SUITE 365** SUITE 365 HIGHLAND PARK, IL 60035 HIGHLAND PARK, IL 60035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 88-0260634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELNER, JAY Street Address (P.O. Box Number is Not Acceptable) 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITI F Delete TITLE ☐ Addition Allen A. Lefkovitz LEFKOVITZ EDWIN NAME NAME 120 North LaSalle Drive, Suite 1200 STREET ADDRESS STREET ADDRESS 253 E. DELAWARE, #10B CITY-ST-ZIP Chicago, IL 60602 CITY-ST-ZIP CHICAGO, IL 60611 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHWARTZBERG, ALBERT NAME STREET ADDRESS STREET ADDRESS 44 SOUTH BROADWAY, SUITE 614 CITY-ST-ZIP WHITE PLAINS, NY 10601 CITY-ST-ZIP VD ☐ Delete TITLE ☐ Addition TITLE NESHEK, THOMAS NAME NAME 14 E. WALWORTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELKHORN, WI 53121 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE FELNER, JEFFREY NAME NAME 200051349432 STREET ADDRESS **4885 38TH CIRCLE** STREET ADORESS 04/20/05--01008--025 **150.00 CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE GOLDMAN, ROBERT U NAME NAME STREET ADDRESS STREET ADORESS 600 CENTRAL AVE., #365 HIGHLAND PARK, IL 60035 CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Change ☐ Addition TITLE ☐ Delete WAGNER, NATHAN NAME NAME STREET ADDRESS 600 CENTRAL AVE., #365 STREET ADDRESS CITY-ST-ZIP HIGHLAND PARK, 12 60035 CITY-ST-ZIP 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 employered 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 or an attachment with an address, with all other like empowered. Nathan Wagner, Treasurer 4/5/2005 (847) 432-366 **N**athan Wagner, Treasurer 4/5/2005 (847) 432-3666

Daytime Phone #