2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F9300000695

1. Entity Name
JF NEVADA CORP.

Principal Place of Business

C/O 600 CENTRAL AVE.

SUITE 365

HIGHLAND PARK, IL 60035

Mailing Address

C/O 600 CENTRAL AVE.

SUITE 365

HIGHLAND PARK, IL 60035

FILED

06 MAR 13 AM 8: 28

TALLAHASE E, FLORIDA



02022006

No Chg-P

CR2E034 (11/05)

4. FEI Number 88-0260634 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445

WAGNER, NATHAN

600 CENTRAL AVE., #365 HIGHLAND PARK, IL 60035

NAME STREET ADDRESS

CITY-ST-ZIP

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				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					
FILE NOTE:: FEE IS SISU.CO		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	VD				
NAME	LEFKOVITZ, ALLEN A		1 _	1 1	
STREET ADDRESS	120 N. LASALLE DR., SUITE 1200			V1 3/16	
CITY-ST-ZIP	CHICAGO, IL 60602		I ∥\′	M 3/16	
TITLE	PD		X)	4	nnnegnsaena
NAME	SCHWARTZBERG, ALBERT		("	n37	+00069054304 30/0601048006 **150.00
STREET ADDRESS	44 SOUTH BROADWAY, SUITE 614			0.57 (00,00 01010 000 00100.00
CITY-ST-ZIP	WHITE PLAINS, NY 10601				
TITLE	VD				
NAME	NESHEK, THOMAS				
STREET ADDRESS	14 E. WALWORTH ST.			DO	NOT WRITE
CITY-ST-ZIP	ELKHORN, WI 53121				
TITLE	VD			IN '	THIS SPACE
NAME	FELNER, JEFFREY				0.7.02
STREET ADORESS	4885 38TH CIRCLE				
CITY-ST-ZIP	VERO BEACH, FL 32967				
TITLE	SDV				
NAME	GOLDMAN, ROBERT U				
STREET ADDRESS	600 CENTRAL AVE., #365				
CITY-ST-ZIP	HIGHLAND PARK, IL 60035				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is 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 contraction of the receiver or trustee ampowered 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.

Nathan Wagner, Treasurer

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/10/06

847-432-3666

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