

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90030 048 \*\*\*150.00

|   |                                 |   |   |  |  |
|---|---------------------------------|---|---|--|--|
| <b>DOCUMENT # P00000062839</b>  |                                 |   |   |  |  |
| <b>1. Entity Name</b><br>JJF CORP.  |                                 |   |   |  |  |
| <b>Principal Place of Business</b><br>101 SE 7TH STREET<br>UNIT 25<br>DEERFIELD BEACH, FL 33441 US  |                                 |   | <b>Mailing Address</b><br>882 JEFFREY STREET<br>BOCA RATON, FL 33487 US   |  |  |
| <b>2. Principal Place of Business</b><br>319 SW 14TH AVE<br>Suite, Apt. #, etc.   |                                 | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |   |  |  |
| <b>City &amp; State</b><br>Pompano Beach Florida  |                                 | <b>City &amp; State</b>   |   | <b>4. FEI Number</b><br>65-1020853   |  |
| <b>Zip</b><br>33069   |                                 | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>FARBER, JEFFREY<br>101 SE 7TH STREET<br>UNIT 25<br>DEERFIELD BEACH, FL 33441  |                                 |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>319 SW 14TH AVE<br>City<br>Pompano Beach FL Zip Code<br>33069 |  |  |
| <b>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.</b>  |                                 |   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                 |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>FARBER, JEFFREY<br><b>STREET ADDRESS</b><br>101 SW 7TH STREET<br><b>CITY-ST-ZIP</b><br>DEERFIELD BEACH, FL 33441  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br>319 SW 14TH AVE<br><b>CITY-ST-ZIP</b><br>Pompano Beach, FL 33069  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
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| <b>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.</b> |                                 |   |   |  |  |
| <b>SIGNATURE:</b> <u>Jeane Farber</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |   | 1/5/06 954-520-1043<br><small>Date Daytime Phone #</small>  |  |  |