SEP.30.2001 6:19AM TAX SOLUTIONS

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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	Mailing Address
1711 AVENIDA DEL SOL BOCA RATON, FL 33432	1711 AVENIDA DEL SOL BOCA RATON, FL 33432

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
615 RENAISSANCE WAY	PO BOX 1869
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33483 Country	Zip: 33447 Country

4. FEI Number: 35-2171067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 ______________________________
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FATOR, JAMES A 615 RENAISSANCE WAY DELRAY BEACH, FL 33483 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: James A Fator 4/27/04 561-702-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #