



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90373 049 \*\*\*150.00

<b>DOCUMENT # P05000062091</b> 1. Entity Name <b>JAFFE FINANCIAL SERVICES, INC.</b>																													
Principal Place of Business <b>3107 STIRLING ROAD SUITE 201 FT. LAUDERDALE, FL 33312</b>			Mailing Address <b>3107 STIRLING ROAD SUITE 201 FT. LAUDERDALE, FL 33312</b>																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent  <b>JAFFE, ARTHUR J 3107 STIRLING ROAD SUITE 201 FT. LAUDERDALE, FL 33312</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																										
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.			4. FEI Number <b>65-1057763</b>																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable																										
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%; padding: 2px;">           P JAFFE, ARTHUR J 3107 STIRLING ROAD, SUITE 201 FT. LAUDERDALE, FL 33312         </td> <td style="width:10%; text-align: right; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAFFE, ARTHUR J 3107 STIRLING ROAD, SUITE 201 FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete																					
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%; padding: 2px;">           Change Addition         </td> </tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td colspan="2" style="height: 20px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition																									
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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: 																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date: <b>3-30-06</b> Daytime Phone #: <b>954-920-0000</b>																													

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