


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90066 028 ***150.00

DOCUMENT # P05000062091 1. Entity Name JAFFE FINANCIAL SERVICES, INC.																																																																											
Principal Place of Business 3107 STIRLING ROAD SUITE 201 FT. LAUDERDALE, FL 33312			Mailing Address 3107 STIRLING ROAD SUITE 201 FT. LAUDERDALE, FL 33312																																																																								
2. Principal Place of Business - No P.O. Box # 3107 Stirling Rd Suite, Apt. #, etc. # 202		3. Mailing Address 3107 Stirling Rd Suite, Apt. #, etc. # 202																																																																									
City & State FT. LAUDERDALE, FLA		City & State FT. LAUDERDALE, FLA		4. FEI Number 65-1057763																																																																							
Zip 33312		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent JAFFE, ARTHUR J 3107 STIRLING ROAD SUITE 201 FT. LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P</td> <td>JAFFE, ARTHUR J</td> <td>3107 STIRLING ROAD, SUITE 201</td> <td></td> </tr> <tr> <td></td> <td></td> <td>FT. LAUDERDALE, FL</td> <td>33312</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		P	JAFFE, ARTHUR J	3107 STIRLING ROAD, SUITE 201				FT. LAUDERDALE, FL	33312		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																											

40107173



01082007 Chg-P CR2E034 (12/06)

202

FL

Zip Code

202

4/5/07

904-905-2440

Date

Daytime Phone #