## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P36922

FILED Apr 30, 2003 Secretary of State

Entity Name: JAFFA ROAD (FLORIDA) MANAGEMENT INC.

Current Principal Place of Business:		New Principal Place of Business:		
01 E. KEN SUITE 170 FAMPA, FI		3		
Current Mailing Address:		New Mailing Address:		
P.O. BOX	HELL I. HORO) 1438 L 336011438	WITZ, ESQ		
El Number:	59-3149602	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
FOWLER, 501 E. KEN	Z, MITCHELL WHITE, GILLE NNEDY BLVD.,	EN, ET AL		
AMPA, FI	L 33602 US			
he above		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
he above	named entity s of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
The above n the State	named entity s e of Florida. RE:	submits this statement for the ic Signature of Registered Ag		ed office or registered agent, or both,  Date
The above n the State	named entity se of Florida. RE:Electron	ic Signature of Registered Ag		
The above in the State SIGNATUR Election Car	named entity se of Florida. RE:Electron	ic Signature of Registered Ag	ent	
The above in the State SIGNATUR Election Car	named entity set of Florida.  RE: Electron  mpaign Financing S AND DIREC	ic Signature of Registered Agg Trust Fund Contribution ( ). TORS:  Delete IK ET	ent	Date
The above in the State SIGNATURE SIECTION Care STATE SIECTION CARE SIECT	named entity see of Florida.  RE: Electron  mpaign Financing S AND DIREC  PST () JACOBS, FRAN 161 BAY STRE TORONTO, CAN  AS () HOROWITZ, MI	ic Signature of Registered Ag  g Trust Fund Contribution ( ).  TORS:  Delete IK ET NADA,  Delete TCHELL I ESQ DY BLVD., STE 170	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL I. HOROWITZ AS 04/30/2003