

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000015800**

1. Entity Name  
**JFF ENTERPRISES, INC.**



Principal Place of Business  
**3200 SOUTH OCEAN BOULEVARD, D504  
PALM BEACH, FL 33480-5656**

Mailing Address  
**3200 SOUTH OCEAN BOULEVARD, D504  
PALM BEACH, FL 33480-5656**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0644324**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WIESELMAN, JACOB  
3200 SOUTH OCEAN BLVD.  
D-504  
PALM BEACH, FL 33480-5656**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WIESELMAN, LEONARD  
STREET ADDRESS 3200 SOUTH OCEAN BOULEVARD, D504  
CITY-ST-ZIP PALM BEACH, FL 334805656

TITLE STD  
NAME WIESELMAN, CLEMENCE  
STREET ADDRESS 3200 SOUTH OCEAN BOULEVARD, D504  
CITY-ST-ZIP PALM BEACH, FL 334805656

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000291002  
04/07/05-80011-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

**LEONARD WIESELMAN**

**3/20/05**

**561-585-1992**

Daytime Phone #