

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90276 016 ***150.00

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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**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0644324

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WIESELMAN, JACOB
3200 SOUTH OCEAN BLVD.
~~D504~~ D-503
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, 2006 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~~ D503
CITY-ST-ZIP PALM BEACH, FL 334805656

TITLE STD
NAME WIESELMAN, CLEMENCE
STREET ADDRESS 3200 SOUTH OCEAN BOULEVARD, ~~D504~~ D503
CITY-ST-ZIP PALM BEACH, FL 334805656

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Day Year Phone

4/15/06

261 580 992