

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90072 016 ***150.00

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

2. Principal Place of Business - No P.O. Box #
3200 South Ocean Blvd D504

3. Mailing Address
3200 South Ocean Blvd

Suite, Apt. #, etc.
D503

Suite, Apt. #, etc.
D503

City & State
Palm Beach FL

City & State
Palm Beach FL

Zip
33480

Country
USA

Zip
33480

Country
USA



01172007 Chg-P CR2E034 (12/06)

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.
D-503
PALM BEACH, FL 33480-5656

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WIESELMAN, LEONARD
3200 S OCEAN BLVD D503
PALM BEACH, FL 334805656 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WIESELMAN, CLEMENCE
3200 S OCEAN BLVD D503
PALM BEACH, FL 334805656 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Leonard WIESELMAN

2/5/07
Date

561-5851992
Telephone Phone