2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000017951

1. Entity Name
JFS REALTY TRUST, INC.



Principal Place of Business

11380 PROSPERITY FARMS ROAD

SUITE 204 Palm Beach Gardens, FL 33410 Mailing Address

11380 PROSPERITY FARMS ROAD

SUITE 204

PALM BEACH GARDENS, FL 33410

FILED Apr 21, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0735221

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MEROLA, JAMES R 11380 PROSPERITY FARMS ROAD SUITE 204 PALM BEACH GARDENS, FL 33410 DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating)			DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		5.00 May Be ided to Fees	U00000913329 U5/U8/U8-80011-024	150.00	

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

10. OFFICERS AND DIRECTORS TITLE NAME GALLARDO, ANTONIO 30 RIVER STREET, #23 STREET ADDRESS CITY-ST-ZIP METHUEN, MA 01844 TITLE NAME GALLARDO, ANNE MARIÉ STREET ADDRESS 30 RIVER ST. #23 CITY-ST-ZIP METHUEN, MA 01844 TITLE NAME STREET ADDRESS 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:

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

IIILE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP
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CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER OR OFFICER

04/17/08

970 683.7033