

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90042 010 \*\*\*150.00

<b>DOCUMENT # P98000041747</b>																																																																																																																													
1. Entity Name <b>J &amp; F MANAGEMENT CORP.</b>																																																																																																																													
Principal Place of Business <b>5900 CASA DEL RAY CIRCLE ORLANDO, FL 32809</b>			Mailing Address <b>POST OFFICE BOX 1650 WINDERMERE, FL 34786</b>																																																																																																																										
2. Principal Place of Business <b>5900 CASA DEL REY CIRCLE</b>		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
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City & State <b>ORLANDO, FLORIDA</b>		City & State																																																																																																																											
Zip <b>32809</b>		Country		Zip Country																																																																																																																									
4. FEI Number <b>59-3509688</b>																																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																													
6. Name and Address of Current Registered Agent  <b>ORCHILLES, FRANCISCO 5900 CASA DEL REY CIRCLE ORLANDO, FL 32809</b>			7. Name and Address of New Registered Agent Name <b>ORCHILLES, FRANCISCO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5900 CASA DEL REY CIRCLE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32809</b>																																																																																																																										
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  DATE <b>01/09/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">ORCHILLES, FRANCISCO</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">ORLANDO, FL 32809</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VICEPRESIDENT</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">JUAN C. 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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:  DATE <b>01/09/06</b> DAYTIME PHONE # <b>407 363-0015</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													