

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90021 019 ***150.00

DOCUMENT # P98000042488

1. Entity Name
JAFJE REAL ESTATE, II, INC.



Principal Place of Business
555 SW 12TH AVE **New address**
SUITE 101
POMPANO BEACH, FL 33069 US

Mailing Address **New address**
555 SW 12TH AVE
SUITE 101
POMPANO BEACH, FL 33069 US

6 . . .
Suite 205
FL. lauderdale, FL 33309



04222008 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0834198

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, BRUCE J
2701 LE JEUNE RD., SUITE 404
CORAL GABLES, FL 33134

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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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAFJE, NORMAN S
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	JAFJE, MARK S
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	JAFJE, GARY F
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	JAFJE, EMERY D
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	JAFJE, EVAN
STREET ADDRESS	1955 NE 117TH RD.
CITY-ST-ZIP	N. MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #