

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042488

Entity Name: JAFFE REAL ESTATE, II, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

6499 POWERLINE RD.
SUITE 205
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

6499 POWERLINE RD.
SUITE 205
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

10200 STATE ROAD 84
SUITE 211
DAVIE, FL 33324 US

New Mailing Address:

10200 STATE ROAD 84
SUITE 211
DAVIE, FL 33324 US

FEI Number: 65-0834198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOLDMAN, BRUCE J
2655 LE JEUNE ROAD
SUITE 816
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAFFE, NORMAN S
Address: 18999 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: JAFFE, MARK S
Address: 18999 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: JAFFE, GARY F
Address: 18999 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: JAFFE, EMERY D
Address: 18999 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: JAFFE, EVAN
Address: 1955 NE 117TH RD.
City-St-Zip: N. MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN S JAFFE

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date