2005 FOR PROFIT CORPORATION

Jan 25, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000057017 01-25-2005 90057 041 ***150.00 1. Entity Name JFCF, INC. Principal Place of Business Mailing Address 50006385 9253 N.W. 100TH STREET 9253 N.W. 100TH STREET MEDLEY, FL 33178 MEDLEY, FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01202005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0846166 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEGEL, JEFFREY S 9253 N.W. 100TH STREET Street Address (P.O. Box Number is Not Acceptable) MEDLEY, FL 33178 City 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition FLEGEL, JEFFREY S NAME 9253 N.W. 100TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEDLEY, FL 33178 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME MANIF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature stall 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 expowered to receive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee en changed, or on an attachment with an address

SIGNATURE: _

Jeffrey Flegel

FILED