

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-21-2008 90024 030 \*\*\*150.00

**DOCUMENT # P98000079080**

1. Entity Name  
JAFTE REAL ESTATE, III, INC.



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

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

6444 1000  
Suite 205  
Ft. Lauderdale, FL 33309



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0861817

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 reinstating) 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	JAFTE, NORMAN S
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	JAFTE, MARK S
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	JAFTE, GARY F
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	JAFTE, EVAN
STREET ADDRESS	1955 N.E. 117TH ROAD
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	D
NAME	JAFTE, EMERY D
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #