

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90058 050 \*\*\*150.00

**DOCUMENT # P98000084844**

1. Entity Name

JTF MANAGEMENT, INC.



Principal Place of Business

430 GOLDEN ISLES DR., STE. 504  
HALLANDALE FL 33009

Mailing Address

9720 PINES BLVD  
PEMBROKE PINES FL 33024  
US

2. Principal Place of Business

9841 NW 35th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip

33024

Country

U S A

Country

4. FEI Number

65-0866996

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCO, THOMAS E

430 GOLDEN ISLES DR., STE. 504

HALLANDALE FL 33009

9841 NW 35th STREET

HOLLYWOOD, FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FRANCO, THOMAS E  
STREET ADDRESS 430 GOLDEN ISLES DR., STE. 504  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9841 NW 35th STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE VD ☐ Delete  
NAME FRANCO, MARIE CLAIRE  
STREET ADDRESS 1174 78TH ST.  
CITY-ST-ZIP BROOKLYN NY 11228

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME FRANCO, JOSEPH  
STREET ADDRESS 430 GOLDEN ISLES DR., STE. 504  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 442 ALAMANDA DRIVE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 #

2/18/04