

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90446 043 ***150.00

DOCUMENT # P98000096659

1. Entity Name
JAFFE OF WESTON, INC.



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

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

50014982



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0878136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDMAN, BRUCE J
CITY NATIONAL BANK BUILDING
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	JAFFE, NORMAN S
STREET ADDRESS	555 SW 12TH AVE # 101
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	D
NAME	JAFFE, GARY F
STREET ADDRESS	555 SW 12TH AVE # 101
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	D
NAME	JAFFE, EMERY D
STREET ADDRESS	555 SW 12TH AVE # 101
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

4-18-06

Date

954-9330421

Daytime Phone #