

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000098020

1. Entity Name
JAFFE PROPERTY MANAGEMENT, INC.



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

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



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0886264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDMAN, BRUCE J
CITY NATIONAL BANK BLDG.
2701 LE JEUNE RD., S-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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAFFE, NORMAN S
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VD
NAME	JAFFE, MARK S
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	JAFFE, GARY F
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	JAFFE, EVAN
STREET ADDRESS	1955 N.E. 117TH RD.
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	D
NAME	JAFFE, EMERY D
STREET ADDRESS	18999 BISCAYNE BLVD.
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80111-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05
Date

Daytime Phone #