2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90162 022 ***150.00

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

40068855

01102006 No Chg-P CR2E034 (11/05)

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, 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	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	SECRETARY
NAME	GARY Kaminsky
STREET ADDRESS	1235 N. Rio Vista Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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: Gary J Kaminsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-18-06 Date 954-933-0428 Daytime Phone #