

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

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**

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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, 2007 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	S
NAME	KAMINSKY, GARY
STREET ADDRESS	1235 RIO VISTA BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

U00000750276  
05/18/07-80055-016 150.00

**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 #