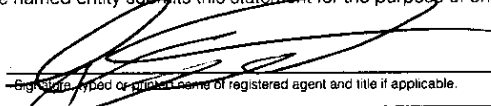


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
 03-12-2001 90008 017 ***158.75

ADDENDUM

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000006761																										
1. Entity Name Jorf Enterprises Inc ✓																										
Principal Place of Business 2217 E Atlantic Blvd Pompano Florida 33062		Mailing Address																								
2. Principal Place of Business		3. Mailing Address Same																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State Pompano Flc		City & State																								
Zip 33062	Country USA	Zip	Country																							
6. Name and Address of Current Registered Agent Joerg Fleischhacker		7. Name and Address of New Registered Agent																								
Name		Name																								
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																								
City		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.																										
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 2-28-01 <small>(NOTE: Registered Agent signature required when reinstating)</small>																								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State																								
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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13. 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 11 or Block 12 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 #

CR2E034 (11/00)