

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000097361

1. Entity Name
JAFFE OF MIRAMAR, 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



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0966342** 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
 2701 LE JEUNE ROAD STE 404
 CORAL GABLES, FL 33134

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000153968
 05/04/04-80147-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D
 NAME JAFFE, MARK 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 D
 NAME KAMINSKY, GARY S
 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

DO NOT WRITE 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)(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 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

4/28/04 954-933-0421
 Date Daytime Phone #