

**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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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]* \_\_\_\_\_ **4/28/04** **954-933-0421**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #