


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90033 023 \*\*\*150.00

**DOCUMENT # P93000053303**

1. Entity Name  
**JANEIRO INC.**



Principal Place of Business  
**191 BRADLEY PL  
 PALM BEACH FL 33480**

Mailing Address  
**191 BRADLEY PL  
 PALM BEACH FL 33480**



2. Principal Place of Business, No P.O. Box #  
**203 ROYAL POINCIANA WAY**

Suite, Apt. #, etc.  
**SUITE B**

3. Mailing Address  
 Suite, Apt. #, etc.  
**Ditto**

1st MOORE CR2E034 (10/06)

City & State  
**PALM BEACH, FL**

City & State  
**PALM BEACH, FL**

Zip  
**33480**

Country  
**PALM BEACH**

4. FEI Number **65-0423642**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YOUCHAK, THOMAS M  
 191 BRADLEY PL  
 PALM BEACH FL 33480**


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE 

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) (N/A)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D	NAME YOUCHAK, THOMAS M	STREET ADDRESS 191 BRADLEY PLACE	CITY-STATE-ZIP PALM BCH FL	<input type="checkbox"/> Delete
TITLE VP	NAME YOUCHAK, MICHAEL T	STREET ADDRESS 932 W. NORTH AV.	CITY-STATE-ZIP PITTSBURGH PA	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>203 ROYAL POINCIANA WAY, STE B</b>	<b>PALM BEACH, FL, 33480</b>	
		<b>203 ROYAL POINCIANA WAY, STE B</b>	<b>PALM BEACH, FL, 33480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3/13/07 561-832-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #