

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000078457

**Entity Name:** JAHNORA CORP.

**Current Principal Place of Business:**

9108 ABBOTT AVE  
SURFSIDE, FL 33154

**Current Mailing Address:**

9108 ABBOTT AVE  
SURFSIDE, FL 33154 US

**FEI Number:** 90-1018359

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSD  
Name CIMADEVILLA, DEBORAH  
Address 9108 ABBOTT AVE  
City-State-Zip: SURFSIDE FL 33154

Title VPD  
Name TAYLOR, GLYN  
Address 9108 ABBOTT AVE  
City-State-Zip: SURFSIDE FL 33154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DEBORAH CIMADEVILLA

PSD

04/25/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date