

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # 389129

1. Entity Name
JANIS ENTERPRISES, INC.



Principal Place of Business
**7875 S.W. 104TH STREET
SUITE 103
MIAMI, FL 33156 US**

Mailing Address
**7875 S.W. 104TH STREET
SUITE 103
MIAMI, FL 33156 US**



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1369687

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JANIS, BERNARD
115 ARVIDA PARKWAY
CORAL GABLES, FL 33156**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000853020
03/26/08-80052-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JANIS, BERNARD
STREET ADDRESS 115 ARVIDA PARKWAY
CITY - ST - ZIP CORAL GABLES, FL

TITLE VP
NAME JANIS, RONALD
STREET ADDRESS 11292 S.W. 91ST TERRACE
CITY - ST - ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 exemptions contained in Chapter 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 persons empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #