## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 07, 2004 08:00 AM DOCUMENT # F18783 Secretary of State 1. Entity Name JANSE CORPORATION Principal Place of Business Mading Address 3620 N.W. 22ND AVE 3620 N.W. 22ND AVE MIAMI, FL 33142 MIAMI, FL 33142 No Chg-P CR2E034 (10/03) 06302004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2297985 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAYA, JANSE DO NOT WRITE OCEAN PAVILLION 5601 COLLINS AVE **APT 818** IN THIS SPACE MIAMI BEACH, FL 33140 3. 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. MLE NAME MAYA, JANSE STREET ADDRESS OCEAN PAV 5601 COLL AVE APT 818 U00000163710 07/07/04-80013-014 150.00 CITY-ST-7P MIAMI BEACH, FL 33140 TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 logal 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:

TITLE
NAME
STREET ADDRESS

Younse Maya

TURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daylame Phone #

FILED