

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F18783**

1. Entity Name  
**JANSE CORPORATION**



Principal Place of Business

**3620 N.W. 22ND AVE  
MIAMI, FL 33142**

Mailing Address

**3620 N.W. 22ND AVE  
MIAMI, FL 33142**

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2297985**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAYA, JANSE  
OCEAN PAVILLION 5601 COLLINS AVE  
APT 818  
MIAMI BEACH, FL 33140**

**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 fee, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
MAYA, JANSE  
OCEAN PAV 5601 COLL AVE APT 818  
MIAMI BEACH, FL 33140**

TITLE  
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1100000185797  
01/21/05-80030-004 150.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Janse Maya* **JANSE MAYA** 1/19/05

Date

Daytime Phone #