2005 FOR PROFIT CORPORATION , ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # F48374 1. Entity Name JANORO FIXTURE MANUFACTURING CORP.						Sec	retary	of S	state
Principal Plan	a of Bueropee	Maillon Address	Mailing Address		1				
Principal Place of Business		249 W. 29 ST. HIALEAH, FL 33012-5705		1 1881148 (11) 81	irai (Bhail Shill Shail Asati	Binii Stait Binit b	11 411 b.1411 w)##	lkrat ti tavti	
Principal Place of Business 3. Mailing Address									1 38 1
						421 (4188)(5)) (48)) 8)B)	ASAN ASAN ASAN A	(B)) W(B)) \$10)	(##) ii iwwi
Suite, Apt, #, etc.		Suite, Apt. #, etc		04112005	Chg-P	CR2E034	(10/03)		
City & State		City & State		4. FEI Number 59-2125	 567			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add	
6. Name and Address of Current I		Registered Agent			7. Name and A	ddress of New R			 -
				Name	· · · · · · · · · · · · · · · · · · ·				
SOBIE, JAMES G 1400 DIPLOMAT PKŴY HOLLYWOOD, FL 33020				Street Address (s (P.O. Box Number is Not Acceptable)				
		-						2. 2	
				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 1 am familiar with, and accept the obligations of registered agent									
SIGNATURE Signature, typod or primod nemod registered agent and this if applicable "INOTE Registered Agent argument required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTORS	3 IN 11
TITLE	PD -	☐ Delete	TiTL	l			Ι	☐ Change	Addition
NAME STREET ADDRESS	SOBIE, JAMES G. 1400 DIPLOMAT PKWY		NAM STRE	ET ADDRESS					!
CITY-ST-ZIP	HOLLYWOOD, FL			·ST-ZIP					
TITLE	PD	☐ Detele	titti				[Change	Addition
NAME	SOBIE, REBECA	•	NAM			U000003	344755		}
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NAME	SOBIE, JAMES G		MAM	l l					
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NAME CAREET APPRECE			NAM	1					Ì
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
12 Theraby r	certify that the information supplied with	this filling does not qualify for	the exe	motion stated in Se	ection 119 07731(i).	Florida Statutes. I	further certify	that the ir	iformation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation of the receiver of 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									