


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90224 037 \*\*\*150.00

DOCUMENT # F99000000555

1. Entity Name  
 J.A.A.N. INVESTMENTS LIMITED CO.



Principal Place of Business      Mailing Address

3401 SW 116TH PLACE      3401 SW 116TH PLACE  
 MIAMI, FL 33165      MIAMI, FL 33165

50003038



**DO NOT WRITE IN THIS SPACE**

01252006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 52-2081881      Not Applicable

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

6. Name and Address of Current Registered Agent

WEHBY, JOSEPH M  
 8370 W. FLAGLER ST, SUITE 250  
 MIAMI, FL 33144

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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: *Joseph M. Wehby*      DATE: 3/9/06

Signature: Typed or printed name of registered agent and file a duplicate. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	DRAGONETTI, JUAN C
STREET ADDRESS	3401 SW 116TH PLACE
CITY, ST, ZIP	MIAMI, FL 33165
TITLE	VCV
NAME	DE DRAGONETTI, IDA CARMEN
STREET ADDRESS	3401 SW 116TH PLACE
CITY, ST, ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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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 like empowered.

SIGNATURE: *[Signature]*      DATE: 3-9-06      DAYTIME PHONE #: 305-554-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #