

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 22 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # G24893

1. Entity Name  
JANIRAH VIAN, INC.

Principal Place of Business  
4420 S.W. 88 AVENUE  
MIAMI, FL 33265

Mailing Address  
P O BOX 651099  
MIAMI, FL 33265 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
8955 SW 56 ST

Suite, Apt. #, etc.

City & State  
MIAMI

City & State

Zip  
FL

Country  
33165

Zip

Country

06232004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-2292298

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VIAN, JANIRAH  
4420 SW 88TH AVE  
MIAMI, FL 33265

7. Name and Address of New Registered Agent

Name  
Same

Street Address (P.O. Box Number is Not Acceptable)  
8955 SW 56 ST

City  
MIAMI FL Zip Code  
33165

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
VIAN, JANIRAH  
4420 S.W. 88 AVE.  
MIAMI, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Vian, Janirah  
8955 SW 56 ST  
Miami, FL. 33165 ☒ Change ☐ Addition  
address

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500039442665  
07/23/04--01001--004 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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:

*Janirah Vian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 19th, 2004*  
Date

786-301-753  
Daytime Phone #