

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73034

Entity Name: JORANN, INC.

FILED
Jan 06, 2008
Secretary of State

Current Principal Place of Business:

% HARVEY MORANTZ
11641 SW 12TH ST.
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

% HARVEY MORANTZ
11641 SW 12TH ST.
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 59-2812879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORANTZ, HARVEY
11641 SW 12TH ST.
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MORANTZ, HARVEY,
Address: 11641 SW 12TH ST.
City-St-Zip: PEMBROKE PINES, FL

Title: PD () Delete
Name: MORANTZ, ROSANNE,
Address: 11641 S.W. 12TH STREET
City-St-Zip: PEMBROKE PINES, FL

Title: T () Delete
Name: MORANTZ, MICHAEL
Address: 1101 S.E. 11 CT.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S () Delete
Name: SANTALUCIA, LISA
Address: 4870 ROTHSCCHILD DRIVE
City-St-Zip: POMPANO BEACH, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEYMORANTZ

VP

01/06/2008

Electronic Signature of Signing Officer or Director

_____ Date