

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90049 041 ****55.00

DOCUMENT # L95000000671

1. Entity Name
JANASA TRADING, L.C.



Principal Place of Business
**410 E HALLANDALE BEACH BLVD
SUITE #203
HALLANDALE, FL 33009 US**

Mailing Address
**410 E HALLANDALE BEACH BLVD
SUITE #203
HALLANDALE, FL 33009 US**

24006259



2. Principal Place of Business
1615 NE 4th AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1615 NE 4th AVENUE
Suite, Apt. #, etc.

01082004 Chg-LLC CR2E083 (10/03)

City & State
FORT LAUDERDALE, FL
Zip
33304 Country
U.S.A.

City & State
FORT LAUDERDALE, FL
Zip
33304 Country
U.S.A.

4. FEI Number
65-0622312 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COGOLLOS, JUAN CARLOS
1075 NE MIAMI GARDEN DRIVE
APT 509W
NORTH MIAMI BEACH, FL 33179**

7. Name and Address of New Registered Agent

Name
COGOLLOS, JUAN CARLOS
Street Address (P.O. Box Number is Not Acceptable)
1410 SOUTH OCEAN DRIVE, APT 1602
City
HOLLYWOOD FL Zip Code
33019

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 **COGOLLOS Juan Carlos** **Juan Carlos** **Jan/10/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTES: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COGOLLOS, JUAN C
410 E. HALLANDALE BEACH BLVD., #203
HALLANDALE BEACH, FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BUITRAGO, CARLOS
655 IVES DIARY ROAD APT 116
NORTH MIAMI BEACH, FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COGOLLOS, JUAN CARLOS
1410 SOUTH OCEAN DRIVE, AP 1602
HOLLYWOOD, FL 33019** ☒ Change ☐ Addition

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

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

COGOLLOS Juan Carlos **Jan/10/04** **954-763-3245**