


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90155 025 \*\*\*150.00

<b>DOCUMENT #</b> M05979	
1. Entity Name JANE CORPORATION 4200 W 19 Avenue Miami Fl 33166	

**DO NOT WRITE IN THIS SPACE**

20054876

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-245302		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name	Mauro Sanchez		
Street Address (P.O. Box Number is Not Acceptable)	5394-96 N.W. 72 Avenue		
City	State	Zip Code	
Miami	FL	33166	

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
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January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	PSD	TITLE	
NAME	MAURO SANCHEZ	NAME	
STREET ADDRESS	5394-96 N.W. 72 Ave.	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33166	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Elizabeth Sanchez	NAME	
STREET ADDRESS	5394-96 N.W. 72 Ave.	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	Pres.	4/20/05	(305) 642-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Date	Daytime Phone #

CR2E034B (12/02)