

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000824

FILED
Mar 12, 2009
Secretary of State

Entity Name: JANUA COELI, INC.

Current Principal Place of Business:

520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI, FL 33131

New Principal Place of Business:

3405 NW 27TH AVE.
MIAMI, FL 33142

Current Mailing Address:

520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI, FL 33131

New Mailing Address:

3405 NW 27TH AVE.
MIAMI, FL 33142

FEI Number: 80-0037294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANHAM, NICHOLAS
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUESCA, OMAR A
Address: 2945 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33135

Title: VPD () Delete
Name: VALES-LORA, ENEIDA
Address: 2945 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33135

Title: SD () Delete
Name: MATAMOROS, FLOR M
Address: 2945 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33135

Title: TD () Delete
Name: VALDES-LORA, CARLOS
Address: 2945 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33135

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOR MATAMOROS

SD

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date