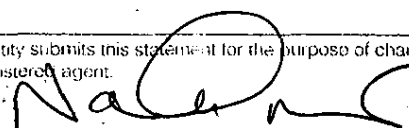


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90207 024 ***150.00

DOCUMENT # P01000002465					
1. Entity Name JAN INVESTMENT HOLDINGS, INC.					
Principal Place of Business 1680 NE 47TH STREET OAKLAND PARK, FL 33334			Mailing Address 1680 NE 47TH STREET OAKLAND PARK, FL 33334		
2. Principal Place of Business 1680 NE 47TH STREET Suite, Apt. #, etc.			3. Mailing Address 1680 NE 47TH STREET Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-106660	
				☒ CHECK HERE IF MAKING CHANGES Applied For: ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PRUSASKI, CHRISTOPHER W. ESQ. 1680 NE 47TH STREET OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name MILLER, NATHAN Street Address (P.O. Box Number is Not Acceptable) 1680 NE 47 ST City FT LAUDERDALE Zip Code 33334	
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 attached to application  SIGN HERE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MILLER, NATHAN		NAME		
STREET ADDRESS	1680 NE 47TH STREET		STREET ADDRESS		
CITY-STATE-ZIP	OAKLAND PARK, FL 33334		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 