2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000030415

1. Entity Name
JANE JANE SPORTSWEAR, INC.

FILED
05 NOV 15 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06-22-05 90080 002 $150.00

REINSTATEMENT OS

Principal Place of Business
9900 S SAMPLE RD
STE 210
CORAL SPRINGS, FL 33065

Mailing Address
P.O. BOX 970723
BOCA RATON, FL 33497

04302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
02-0569935
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

existing registered agent
Has signature on file from last year

7. Name and Address of New Registered Agent
Name IRA ZUCKERMAN
Street Address (P.O. Box Number is Not Acceptable)
BEACON POINTE II Suite 206
2200 N. COMMERCE PKWY.
City Weston FL Zip Code 33326

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitted.)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $350.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P ☐ Delete
NAME	BEATTIE, JANE
STREET ADDRESS	9757 ARBOR OAK LN #301
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	JR 11/15
TITLE	☐ Change ☐ Addition
NAME	Reinstatement Fee was sent
STREET ADDRESS	Report was not properly handled when
CITY-ST-ZIP	submitted.

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4.30.05 561-470-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone

Already paid. Check cleared Bank