

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90041 020 ***150.00

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DOCUMENT # P02000079309

1. Entity Name
JANACA HOLDINGS, INC.



Principal Place of Business
**3048 NW 28TH TERR.
BOCA RATON FL 33434**

Mailing Address
**3048 NW 28TH TERR.
BOCA RATON FL 33434**



2. Principal Place of Business
28241 PASEO ANDANTE
Suite, Apt. #, etc.

3. Mailing Address
28241 PASEO ANDANTE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SAN JUAN CAPISTRANO, CA
Zip
92675
Country
USA

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SAN JUAN CAPISTRANO, CA
Zip
92675
Country
USA

4. FEI Number
61-1420342
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NEIHOFF, ANNAMARIA
3048 NW 28TH TERR.
BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name
MICHAEL ST. JOHN
Street Address (P.O. Box Number is Not Acceptable)
**4401 N FED HWY
STE 202**
City
BOCA RATON, FL Zip Code
33431

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIHOFF, ANNAMARIA 3048 NW 28TH TERR. BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIHOFF, JAMES 3048 NW 28TH TERR. BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEIHOFF, ANNAMARIA 28241 PASEO ANDANTE SAN JUAN CAPISTRANO, CA 92675	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEIHOFF, JAMES 28241 PASEO ANDANTE SAN JUAN CAPISTRANO, CA 92675	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 949-218-0458
Date Daytime Phone #

CR2E034 (10/02)