

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

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FILED

05 AUG 25 AM 10:57

RECEIVED  
FLORIDA DEPARTMENT OF REVENUE

DOCUMENT # **PD2000094482**  
1. Entity Name  
**Jancell, Inc.**



**DO NOT WRITE IN THIS SPACE**

000059177780  
08/31/05--01035--009 \*\*450.00

2. Principal Place of Business  
**7785 W. 30 Ct.**  
Suite, Apt. #, etc.  
**# 210**  
City & State  
**Hialeah, FL**  
Zip  
**33018** Country

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

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE  
**0305**

4. FEI Number  
**22-3868625** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
**Francisco, Oriol**  
Street Address (P.O. Box Number (Not Applicable))  
**7785 W. 30 Ct.**  
**# 210**  
City **Hialeah** FL **33018**

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]* (NOTE: Registered Agent signature required when re-registering) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

B. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Francisco, Oriol 7785 W. 30 Ct. #210 Hialeah, FL 33018</b>
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**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 007, Florida Statutes; and that my name appears in Block 10 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

**B. Mitchell** AUG 25 2005

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Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2003 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **JANCELL, INC.**

Thank you for your courtesy in this matter.

  
\_\_\_\_\_  
**ORIOLO FRANCISCO**  
**PRESIDENT**