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

DO NOT WRITE IN THIS SPACE

DOCUMENT # PO 2000103530

MANJAN INC.

1. Entity Name



FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90056 026 ***150.00

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7. Name and Address of Current Registered Agent Name		Country 5.	Certificate of Status Desired \$	8.75 Additional	
Name Street Address (PO-Box Number is Not Acceptable) Street Address (PO-Box Number is Not Acceptable)	33069 510ward 33069	Fee Required			
IN THIS SPACE City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature					
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Eity FL Zip Code 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 Separative, typed or critical name of registered agent and title a sportable. (NOTE Registered Agent signature) DATE					
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 Signatura, book or prefed name of registered agent and state it accideable. (NOTE Registered Agent signatura recounts when remastering) DATE	IN THIS SPACE	· 4			
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12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP