## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P04000047990

**Entity Name: TJAN CORPORATION** 

FILED Oct 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

934 N UNIVERSITY DR #202

CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

934 N UNIVERSITY DR #202

CORAL SPRINGS, FL 33071

FEI Number: 65-1220545 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARKLEY, JOYCE 934 N UNIVERSITY DR #202 CORAL SPRINGS, FL 33071 US

MARKLEY, STEVE
934 N UNIVERSITY DR #202
US CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: STEVE MARKLEY 10/04/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D P ( ) Delete Title: D P (X) Change ( ) Addition Name: MARKLEY, JOYCE Name: MARKLEY, STEVE

Address: 934 N UNIVERSITY DR #202 Address: 934 N UNIVERSITY DR #202 City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Delete Title: DVP ( ) Change (X) Addition

 Name:
 Name:
 DOTRES, MIGUEL

 Address:
 Address:
 4060 COCONUT BLVD

 City-St-Zip:
 City-St-Zip:
 ROYAL PALM BEACH, FL 33411 US

Title: ( ) Delete Title: DSEC ( ) Change (X) Addition Name: MARKLEY, JOYCE

 Name:
 Name:
 MARKLEY, JOYCE

 Address:
 Address:
 934 N UNIVERSITY DR

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE MARKLEY DP 10/04/2009