

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000145370 1. Entity Name US-JANOS CORPORATION					
Principal Place of Business 1221 S.W. 10TH TERR. CAPE CORAL, FL 33991			Mailing Address 1221 S.W. 10TH TERR. CAPE CORAL, FL 33991		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1793730	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PKWY EAST, STE. C CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City / 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, PETER AM TORHAUS 55, D-66113 SAARBRUECKEN, GERMANY.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZ, GABRIELE HAUPTSTRASSE 64, D-67714, WALDFISCHBACH BURGALBEN GERMANY.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HUTTNER, OLIVER 1221 S.W. 10TH TERR. CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 empowerment.					
SIGNATURE: _____ 1/9/05/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

20013775



01182005 Chg-P CR2E034 (10/03)

 4. FEI Number
20-1793730

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 SCHUTT, DARRIN R ESQ.
 1105 CAPE CORAL PKWY EAST, STE. C
 CAPE CORAL, FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City /

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

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

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

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
MUELLER, PETER
AM TORHAUS 55, D-66113
SAARBRUECKEN, GERMANY.
☐ Delete☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
METZ, GABRIELE
HAUPTSTRASSE 64, D-67714, WALDFISCHBACH
BURGALBEN GERMANY.
☐ Delete☐ Change ☐ Addition
 TITLE
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 CITY-ST-ZIP

O
HUTTNER, OLIVER
1221 S.W. 10TH TERR.
CAPE CORAL, FL 33991
☒ Delete☐ Change ☐ Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #