2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90097 029 ***150.00

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1. Entity Name
JOHLANAN SERVICES, INC

Principal Place of Business	Mailing Address
801 NE 10TH ST., APT.8 HALLANDALE BEACH, FL 33009	801 NE 10TH ST., APT.8 HALLANDALE BEACH, FL 33009

40038696

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1475 NE 125 TERR	1475 NE 125 TERR
Suite, Apt. #, etc. 209	Suite, Apt. #, etc. 209
City & State MIAMI FL	City & State MIAMI FL
Zip 33161 Country	Zip 33161 Country

03132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4969143 ☐ Applied For ☐ Not Applicable

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
RIVAS, JUANA SILVA 801 NE 10TH ST., APT.8 HALLANDALE BEACH, FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) 1475 NE 125 TERR STE 209 City MIAMI FL Zip Code 33161

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 ______ 3/13/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	RIVAS, JUANA SILVA		NAME	
STREET ADDRESS	801 NE 10TH ST., APT.8		STREET ADDRESS	1475 NE 125 TERR STE 209
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP	MIAMI FL 33161
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ______ 3/13/07 305 891-1636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #