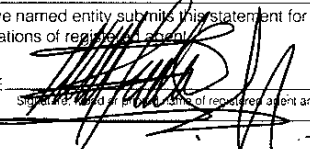
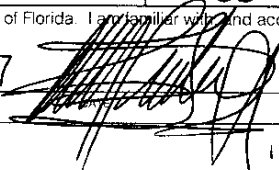
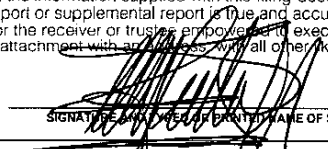
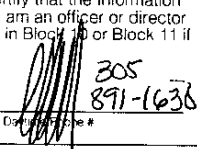


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90097 029 ***150.00

DOCUMENT # P06000070929 1. Entity Name JOHLANAN SERVICES, INC			
Principal Place of Business 801 NE 10TH ST., APT.8 HALLANDALE BEACH, FL 33009		Mailing Address 801 NE 10TH ST., APT.8 HALLANDALE BEACH, FL 33009	
2. Principal Place of Business - No P.O. Box # 1475 NE 125 TERR		3. Mailing Address 1475 NE 125 TERR	
Suite, Apt. #, etc. 209		Suite, Apt. #, etc. 209	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33161		Zip 33161	
Country		Country	
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 RIVAS, JUANA SILVA 801 NE 10TH ST., APT.8 HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent 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 			
(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 NAME RIVAS, JUANA SILVA STREET ADDRESS 801 NE 10TH ST., APT.8 CITY-ST-ZIP HALLANDALE BEACH, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1475 NE 125 TERR STE 209 MIAMI FL 33161	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 affidavit for all other like empowered.			
SIGNATURE: 		3/13/07 	
SIGNATURE AND TITLE OF ENTITY NAME OF SIGNING OFFICER OR DIRECTOR		Date	