

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047652

Entity Name: A.L. JANI MASTERS, INC.

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

988 B EAST MICHIGAN STREET
ORLANDO, FL 32806

New Principal Place of Business:

988 EAST MICHIGAN STREET
B
ORLANDO, FL 32806

Current Mailing Address:

P.O. BOX 592948
ORLANDO, FL 32859

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMUS, ALBERTO
988 B EAST MICHIGAN STREET
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

LEMUS, ALBERTO
988 EAST MICHIGAN STREET
B
ORLANDO, FL 32806 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:

04/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEMUS, ALBERTO
Address: 988 B EAST MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: LEMUS, ANA MIRIAM
Address: 988 B EAST MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBERTO LEMUS

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date