2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P22291 1. Entity Name JANI-KING OF MIAMI, INC.							Feb 26, 2005 08:00 AM Secretary of State				
Principal Place of Business 16885 DALLAS PARKWAY ADDISON TX 75001 US				ng Address 85 DALLAS PARKI DISON TX 75001			811881 NW NWW NWW NWW NWW	:::: # : 	• • • • •		
2. Principal Place of Business				3. Mailing Address			-	111111111111111111111111111111111111111			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			15	st MOORE (CR2E034	(10/04)	
Clty & State				y & State		4. FEI Numb	58-1794552		<u> </u>	pplied For ot Applicable	
Zip Country			Zip		try	5. Certificate of Status Desired					
Name and Address of Current Registered Agent						Name	7. Name an	d Address of New Re	gistered A	gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROA					ļ	Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324									-		
						City			FL	Zip Cod	
the obligated signature	Signature, typed	y submits this statement for tered agent. or printed name of registered agent a				ed office or registe			DATE		
After Make Check	05 Fee Will Be \$550.00 o Florida Department of			·		9. Election Campai Trust Fund Conti	ibution.	☐ Adde	.00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS CAVANAU 16885 DAL ADDISON	LLAS PARKWAY	DIRECTO	DRS Delete	• 1		ADDITIONS	/CHANGES TO OFFIC	CERS AND	DIRECTOR: Change	S IN 11
TITLE NAME STREET AODRESS CITY - ST - ZIP	AS VICARI, DE 16885 DAL ADDISON	LLAS PARKWAY		□ Delete						☐ Change	Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFOR 16885 DAL ADDISON	LLAS PARKWAY		☐ Delete				U0000024 02/26/05~80	4288	□ Change 7 150.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDISON	LAS PARKWAY		☐ Delete						Change	∏ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAU 16885 DAL ADDISON	LAS PARKWARY		Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		l l				☐ Change	Addition
12. I hereby of indicated of the corchanged,	certify that the lon this repor rporation or th , or on an atta	information supplied with the or supplemental report is ne receiver or trustee empo achment with applications, w	this filing true and wered to vith all of	does not qualify for accurate and that m execute this report her like empowered.	the exen ny signati as requir	nption stated in Se ure shall have the ed by Chapter 607	ection 19.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes I f ct as if made under ca es, and that my name	ith, that I ar appears in	fy that the in n an officer Block 10 or	or director r Block 11 if

Denise Vicari, Assistant Secretary 02-23-05
ED NAME OF SIGNING OFFICER OR DIRECTOR

Dayting I

FILED

972-991-0900