## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000091792

SEGAL, IRA,

MIAMI, FL 33156

STE. 410 7400 SW 88TH ST.

Name:

Address:

City-St-Zip:

FILED Jan 12, 2004 Secretary of State

Entity Name: J.A.N. MANAGEMENT CO., INC.						
Current Principal Place of Business:				New Principal Place of Business:		
STE. 410 7 MIAMI, FL	400 SW 88TH 33156	ST.				
Current Mailing Address:				New Mailing Address:		
STE. 410 7400 SW 88TH ST. MIAMI, FL 33156						
FEI Number:	65-0629509	FEI Number Applied For()	FEI Number Not	Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SEGAL, IRA STE. 410 7400 SW 88TH ST. MIAMI, FL 33156 US				SEGAL, IRA 7400 SW 88TH ST. STE 410 MIAMI, FL 33156 US		
The above in the State	named entity s of Florida.	ubmits this statement for the pu	rpose of chang	ing its registered o	office or registered agent, or both,	
SIGNATURE:					01/12/2004	
	Electroni	c Signature of Registered Ager	it		Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPS () SEGAL, JANET STE. 410 7400 S MIAMI, FL 3315		Title: Name: Address City-St	:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DVT () SEGAL, ALAN STE. 410 7400 S MIAMI, FL 3315		Title: Name: Address City-St-	:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () KAIMAN, NATAL STE. 410 7400 S MIAMI, FL 3315	SW 88TH ST.	Title: Name: Address City-St	:	) Change ()Addition	
Title:	D ()	Delete	Title:	( )	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: IRA SEGAL D 01/12/2004