

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90260 031 ***150.00

DOCUMENT # P95000091792

1. Entity Name
J.A.N. MANAGEMENT CO., INC.



Principal Place of Business
**STE. 209 7400 SW 88TH ST.
MIAMI, FL 33156**

Mailing Address
**STE. 209 7400 SW 88TH ST.
MIAMI, FL 33156**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0629509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEGAL, IRA
7400 SW 88TH ST.
STE 209
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | DPS |
| NAME | SEGAL, JANET |
| STREET ADDRESS | 7400 SW 88TH ST STE 209 |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | DVT |
| NAME | SEGAL, ALAN |
| STREET ADDRESS | 7400 SW 88TH STE 209 |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | D |
| NAME | KAJMAN, NATALIE |
| STREET ADDRESS | 7400 SW 88TH ST STE 209 |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | D |
| NAME | SEGAL, IRA |
| STREET ADDRESS | 7400 SW 88TH ST STE 209 |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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 fee empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 *305 670 1895*
Date Daytime Phone #