

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90056 013 ***150.00

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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

600000710



01032007 No Chg-P CR2E034 (11/05)

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

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 re-registering)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
SEGAL, JANET
7400 SW 88TH ST STE 209
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
SEGAL, ALAN
7400 SW 88TH STE 209
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KAIMAN, NATALIE
7400 SW 88TH ST STE 209
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEGAL, IRA
7400 SW 88TH ST STE 209
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07 305-670-1895