

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091792

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

FILED
Jan 25, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

7400 SW 88TH ST.
SUITE # 209
MIAMI, FL 33156

Current Mailing Address:

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

New Mailing Address:

7400 SW 88TH ST.
SUITE # 209
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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SEGAL, JANET
Address: 7400 SW 88TH ST STE 209
City-St-Zip: MIAMI, FL 33156

Title: DVT () Delete
Name: SEGAL, ALAN
Address: 7400 SW 88TH STE 209
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: KAIMAN, NATALIE
Address: 7400 SW 88TH STE 209
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: SEGAL, IRA,
Address: 7400 SW 88TH ST STE 209
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: IRA SEGAL

D

01/25/2009

Electronic Signature of Signing Officer or Director

Date