

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90066 037 ***150.00

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02122004 Chg-P CR2E034 (10/03)

DOCUMENT # P96000087140 1. Entity Name JANCO PROPERTIES, INC.					
Principal Place of Business 3503 BAY SHORE VILLAS DRIVE MIAMI, FL 33133			Mailing Address 3503 BAY SHORE VILLAS DRIVE MIAMI, FL 33133		
2. Principal Place of Business P. O. BOX 141058 Suite, Apt. #, etc.		3. Mailing Address P. O. BOX 141058 Suite, Apt. #, etc.			
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		4. FEI Number 65-0704327	
Zip 33114-1058		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HRAWG CORP 2000 GLADES ROAD STE 400 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JANNACH, ARMAJEAN 3503 BAYSHORE VILLAS DRIVE MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD JANNACH, JOSEPH 3503 BAYSHORE VILLAS DRIVE MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. BOX 141058 CORAL GABLES, FL 33114-1058	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. BOX 141058 CORAL GABLES, FL 33114-1058	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. BOX 141058 CORAL GABLES, FL 33114-1058	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 the address with all other like empowered.					
SIGNATURE: <i>Joseph R Jannach</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			22 Feb 04 7868770578 Date Daytime Phone #		