2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # DOCOCOCESAC

FILED Mar 02, 2004 8:00 am Secretary of State 03-02-2004 90023 016 ***150.00

DOCUMENT # P96000095340 1. Entity Name JANUS INTERNATIONAL INC.					03-02-2004 90023 016 ***150.00			
Principal Place of Business Mailing Address 195 SW 15 RD 195 SW 15 RD							54014	085
#502		#502					,	
MIAMI, FL 3		MIAMI, FL 33129					411 46 04 144 0 4 1 11 01 1111 1 144 1 4	
19390	face of Business Collins Ave	3. Mailing Address 19390 Colli	ns .	Ave				
# Suite, Apt. #501	#, elc.	Suite, Apt. #, etc. #501		02092004	Chg-P	CR2E034 (10/03)		
Sunny	[©] Isles Beach, FL	Sunny Isles	Ве	ach, FL	4. FEI Numbe 65-0722			oplied For ot Applicable
33160	- Dade Si	33160	Count	try de	5. Certificate	of-Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New F	Registered Agent	
RAUZIN, JANICE I								
195 SW 15 RD #502 MIAMI, FL 33129				Street Address 19390 ((P.O. Box Numbe Collins	r is Not Acceptable Ave #50	e) 	
			-	City			Zio Coc	le.
					Isles Beach FL 335660 stered agent, or both, in the State of Florida. I am familiar with, and accept			
	ions of registered agent.	the purpose of changing its	registere	ed office or registe	red agent, or bott	n, in the State of Fi	orida. Fam familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	: Registered	E RA	UZIN		2/24/0	4
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contr			.00 May Be ded to Fees			
10.	OFFICERS AND D		11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME	PTSD RAUZIN, JANICE I	☐ Delete	TITLE				Change	☐ Addition
STREET ADDRESS	195 SW 15 RD #502					ns Ave		
CITY-ST-ZIP	MIAMI, FL 33129	☐ Delete		-st-zip Sunr	nto Telec	Beach.	でて フンコんり	
NAME		L.J Delete		. 1	19 15162		FL 33160	Addition
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turtner certify that the information indicated on this report or supplemental report is the 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: