


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90023 016 \*\*\*150.00

<b>DOCUMENT # P96000095340</b>	
1. Entity Name <b>JANUS INTERNATIONAL INC.</b>	

Principal Place of Business <b>195 SW 15 RD #502 MIAMI, FL 33129</b>	Mailing Address <b>195 SW 15 RD #502 MIAMI, FL 33129</b>
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**54014085**

2. Principal Place of Business <b>19390 Collins Ave</b>	3. Mailing Address <b>19390 Collins Ave</b>
Suite, Apt. #, etc. <b>#501</b>	Suite, Apt. #, etc. <b>#501</b>

02092004 Chg-P CR2E034 (10/03)

City & State <b>Sunny Isles Beach, FL</b>	City & State <b>Sunny Isles Beach, FL</b>
Zip <b>33160</b>	Zip <b>33160</b>
Country <b>Dade</b>	Country <b>Dade</b>

4. FEI Number <b>65-0722393</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>RAUZIN, JANICE I 195 SW 15 RD #502 MIAMI, FL 33129</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>19390 Collins Ave #501</b>	
City <b>Sunny Isles Beach</b>	FL Zip Code <b>33160</b>

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 <i>Janice Raizin</i>	<b>JANICE RAUZIN</b> <b>2/24/04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PTSD</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RAUZIN, JANICE I</b>		NAME	
STREET ADDRESS <b>195 SW 15 RD #502</b>		STREET ADDRESS <b>19390 Collins Ave #501</b>	
CITY-ST-ZIP <b>MIAMI, FL 33129</b>		CITY-ST-ZIP <b>Sunny Isles Beach, FL 33160</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an address, with all other like empowered.	
SIGNATURE <i>Janice Raizin</i>	<b>JANICE I. RAUZIN</b> <b>2/24/04</b> <b>933-6772</b>
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)	