

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90052 018 \*\*\*150.00

**DOCUMENT # P96000095340**

1. Entity Name  
**JANUS INTERNATIONAL INC.**



Principal Place of Business  
**19390 COLLINS AVE.  
#501  
NORTH MIAMI BEACH, FL 33160**

Mailing Address  
**19390 COLLINS AVE.  
#501  
NORTH MIAMI BEACH, FL 33160**

2. Principal Place of Business  
**9100 W. BAY HARBOR DR.**

3. Mailing Address  
**9100 W. BAY HARBOR DR.**

Suite, Apt. #, etc.  
**#6-DE**

Suite, Apt. #, etc.  
**#6-DE**

City & State  
**BAY HARBOR ISLANDS, FL**

City & State  
**BAY HARBOR ISLANDS, FL**

Zip  
**33154**

Country

Zip  
**33154**

Country

02062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0722393**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**RAUZIN, JANICE I  
19390 COLLINS AVE.  
#501  
NORTH MIAMI BEACH, FL 33160**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**9100 W. BAY HARBOR DR.  
#6-DE**

City  
**BAY HARBOR ISLANDS**

FL

Zip Code  
**33154**

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 **JANICE RAUZIN** **2**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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  
**PTSD  
RAUZIN, JANICE I  
19390 COLLINS AVE., #501  
NORTH MIAMI BEACH, FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD  
JANICE I. RAUZIN  
9100 W. BAY HARBOR DR.  
BAY HARBOR ISLANDS, FL 33154** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: **JANICE RAUZIN**

**4/6/05**

**305-866-9456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #