
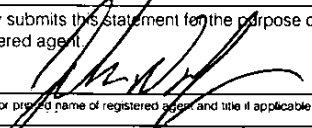
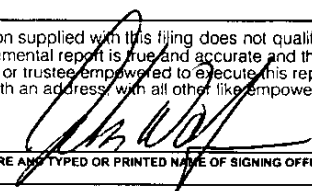


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90194 046 ***150.00

DOCUMENT # P99000016568					
1. Entity Name JANECO, INC.					
Principal Place of Business 676 W PROSPECT RD FORT LAUDERDALE, FL 33309			Mailing Address 9420 NW 13 STREET PLANTATION, FL 33322		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3430 GALT OCEAN DR #910			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FORT LAUDERDALE FL 33308			
Zip	Country	Zip 33308	Country USA	4. FEI Number 52-2147364	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ONOFRIO, JOHN P 676 W PROSPECT RD FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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: 				DATE: 3/17/06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PD	NAME D'ONOFRIO, JOHN		TITLE PD	NAME JOHN D'ONOFRIO	
STREET ADDRESS 9420 NW 13 STREET	CITY-ST-ZIP PLANTATION, FL 33322		STREET ADDRESS 3430 GALT OCEAN DR	CITY-ST-ZIP FORT LAUDERDALE FL 33308	
<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				DATE: 3/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 954 554 2858	