


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 02, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # S05813</b> 1. Entity Name EL JANEZ INSTITUTE OF CORAL SPRINGS INC.	
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Principal Place of Business 7320 NW 85 CT BUILDING #8203 TAMARAC, FL 33321 US	Mailing Address 7320 NW 85 CT BUILDING #8203 TAMARAC, FL 33321 US
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04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0234114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  ALLEN, ERIC R. 633 NE 167 ST SUITE 701 N MIAMI BEACH, FL 33162
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) 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	D KELLIER, LEDGER 5606 PEMBROKE ROAD WEST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, ERIC R. 17070 COLLINS AVE #206 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, PAULINE 4042 NW 101 DR CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ANDERSON, JANET 7320 N.W. 85 CT., BLDG 8203 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, PAM G. 1768 N.W. 112TH TERRACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, PHILLIP 119508 4TH COURT PLANTATION, FL 33325

U00000353855  
05/03/05-80084-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Janet Anderson 4/29/05 9547200952  
Signature and typed or printed name of signing officer or director Date Daytime Phone #