


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 430112</b> 1. Entity Name <b>THE CANARIANS CORP.</b>					
Principal Place of Business <b>230 W 55TH ST. STE 25D NEW YORK NY 10019</b>			Mailing Address <b>230 W 55TH ST. STE 25D NEW YORK NY 10019</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
6. Name and Address of Current Registered Agent  <b>KROOP RICHARD J SOUTHBAY CLUB 800 WEST AVENUE STE C-1 MIAMI BCH. FL 33139</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BENDAHAN, SALLY 230 WEST 55 STREET NEW YORK NY		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000060129</b> <b>02/23/04-80027-008 150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENDAHAN, ALBERT 230 WEST 55 STREET NEW YORK NY		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENDAHAN, JOSEPH I 3 RUE JARRAQUI TANGIER, MORROCO		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BENDAHAN, ELIAS I (ASST) 3 RUE JARRAQUI TANGIER, MORROCO		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BENDAHAN, MESSOD I 3 RUE JARRAQUI TANGIER, MORROCO		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	



MOORE CR2E034 (11/03)

4. FEI Number **13-2755998** Applied For ☐ Not Applicable ☐

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *[Signature]* **2-10-04 212-757-7138**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #