


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000001888\***  
1. Entity Name  
**KAYCAN LTD. INCORPORATED**



Principal Place of Business <b>402 BOYER CIRCLE WILLISTON, VT 05495 US</b>	Mailing Address <b>402 BOYER CIRCLE WILLISTON, VT 05495 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>34-1649422</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**GARELLEK, STEVEN**  
**7000 W. PALMETTO PK. RD. #300**  
**BOCA RATON, FL 33433**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	<b>P</b> <b>DUBROFSKY, LIONEL</b> <b>3075 TRANS CANADA HIGHWAY</b> <b>POINTE CLAIRE, QC h9r1b4</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RAINVILLE, REAL</b> <b>3075 TRANS CANADA HIGHWAY</b> <b>POINTE CLAIRE, QU h9r1b4</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DUBROFSKY, TAMI</b> <b>3075 TRANS CANADA HIGHWAY</b> <b>POINTE CLAIRE, QU h9r1b4</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000129637  
04/26/04-80086-016 150.00

**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:** Tami Dubrofsky 4/20/04 802-865-0114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #