


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90189 034 ***150.00

DOCUMENT # K41726

1. Entity Name
ALCAN, INC.



Principal Place of Business Mailing Address

10880 COLLINS AVE., STE 801 10880 COLLINS AVE., STE 801
 HAULOVER PARK, FL 33154-1000 HAULOVER PARK, FL 33154-1000

44041001

2. Principal Place of Business 3. Mailing Address

6249 Pines Boulevard **6249 Pines Boulevard**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



06302004 Chg-P CR2E034 (10/03)

City & State City & State

Pembroke Pines, FL **Pembroke Pines, FL**

Zip Country Zip Country

33024 **Broward** **33024** **Broward**

4. FEI Number Applied For

65-0087564 Not Applicable

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

6. Name and Address of Current Registered Agent

HAROLD, BRUSJAMIN Benjamin
6249 PINES BLVD.
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name

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

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	CANAS, ALBERTO
STREET ADDRESS	21570 PLUM.RD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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: **July 30, 2004** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

44047567

K 41726

Alcan, Inc.
10880 Collins Ave. Suite #801
Haulover Park, FL 33154
Phone: 305-467-0303

June 30, 2004

Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Doc # K-41726

Dear Sir or Madam:

Enclosed please find our annual report for 2004 and a check for \$150.00. We would like to request that the late filing penalty be waived. Our mailing address changed and we did not receive the form or become aware of its requirement until just recently.

Thank you for your consideration with our situation.

Thank you,

Albert Canas