

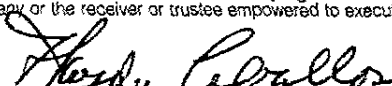


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027308</b>			
1. Entity Name <b>CANARY, LLC</b>			
Principal Place of Business <b>354 SEVILLA AVE CORAL GABLES, FL 33134</b>		Mailing Address <b>C/O H. CEBALLOS 354 SEVILLA AVE CORAL GABLES, FL 33134</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04192006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number <b>20-1547707</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>KOSS, A. ESQ 782 NW 42 AVENUE, STE. 448 MIAMI, FL 33126</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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>Filing Fee is \$50.00 Due by May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>  000000530828 05/06/06-80013-017 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCISCO, VALTER RUA SAO DOMINGO SAVIO 137-ED HN #11 SAO PAULO, BRASIL, CP 05455040		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CEBALLOS, HAYDEE 354 SEVILLA AVE CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  <b>HAYDEE CEBALLOS</b>		4/24/06 305-448-5255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE <b>D.S.</b>		Date Daytime Phone #	