2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

03-17-2004 90034 015 ***158.75

DOCUMENT # P03000047826

1. Entity Name
CANAPE, CORP

Principal Place of Business	Mailing Address
10270 E BAY HARBOR DR APT 2G MIAMI BEACH, FL 33154	10270 E BAY HARBOR DR APT 2G MIAMI BEACH, FL 33154

03112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1775 Washington Ave	1775 Washington Ave
Suite, Apt. #, etc.: Apt 8 B	Suite, Apt. #, etc.: Apt 8 B
City & State: Miami Beach, Fl	City & State: Miami Beach, Fl
Zip: 33139-7543 Country:	Zip: 33139-7543 Country:

4. FEI Number 020689268 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONTRERAS, JESUS
10270 E BAY HARBOR DR
APT 2G
MIAMI BEACH, FL 33154

7. Name and Address of New Registered Agent

Name: CONTRERAS JESUS
Street Address (P.O. Box Number is Not Acceptable): 1775 Washington Ave
Apt 8 B
City: Miami Beach FL Zip Code: 33139-7543

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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTRERAS, JESUS 10270 E BAY HARBOR DR APT 2G MIAMI BEACH, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition Contreras Jesus 1775 Washington Ave Apt 8 B Miami Beach, Fl 33139-7543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEDINA, ALEJANDRA 10270 E BAY HARBOR DR APT 2G MIAMI BEACH, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition Medina Alejandra 1775 Washington Ave Apt 8 B Miami Beach, Fl 33139-7543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____________________ 03-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #