


2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V02970

1. Entity Name
CANES PUBLICATIONS, INC.



FILED

10 MAY 25 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

9900 STIRLING ROAD 9900 STIRLING ROAD
#227 #227
COOPER CITY, FL 33024 US COOPER CITY, FL 33024 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

9900 Stirling Rd 9900 Stirling Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
#201 #201
Cooper City, FL Cooper City, FL
33024 33024 Country

05072010 Chg-P CR2E034 (11/08)

4. FEI Number Applied For
65-0300935 Not Applicable

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

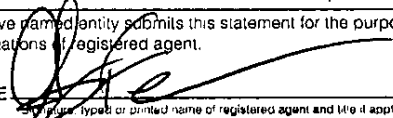
6. Name and Address of Current Registered Agent

FERMAN, GARY
10841 SANTA FE DRIVE
COOPER CITY, FL 33026

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: 5/14/10

(NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010**

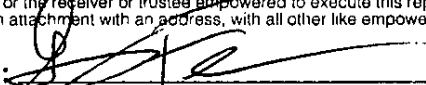
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	FERMAN, GARY
STREET ADDRESS	9900 STIRLING ROAD #227
CITY-ST-ZIP	COOPER CITY, FL 33024
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	200180635012
STREET ADDRESS	05/10/10--01032--002 **150.00
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 exemptions contained in Chapter 119, 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:  DATE: 5/14/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/25/10