2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000305

1. Entity Name
C. NACAN, L.C.

Principal Place of Business	Mailing Address
1 SE 3RD AVE, SUITE 2250 MIAMI, FL 33131	1 SE 3RD AVE, SUITE 2250 MIAMI, FL 33131

04282004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.
1980 SUN TRUST INTERNATIONAL CENTER
1 SE 3RD AVE, SUITE 2250
MIAMI, FL 33131

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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)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEL VALLE, ELENA GONZALEZ
STREET ADDRESS	1 SE 3RD AVE, SUITE 2250
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	AMKGS REGISTERED AGENTS, INC.
STREET ADDRESS	1 SE 3RD AVE, SUITE 2250
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
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CITY-ST-ZIP	

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04/29/04-80119-004 50.00

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11. 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 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: By: AMKGS REGISTERED AGENTS, INC. Arturo J. Aballi 4-27-04 305-373 6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #