


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000027756</b> 1. Entity Name ALICAN, INC.	
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Principal Place of Business ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401	Mailing Address ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**

02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0712911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TARR, WILLIAM I ESQ  
ONE NORTH CLEMATIS ST  
STE 200  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

U000000308244  
04/15/05-80095-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FANJUL, CATHERINE ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST FANJUL, ANDRES B ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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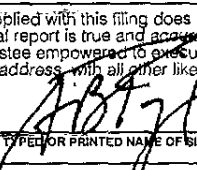
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Andres B. Fanjul, P** 2/18/05 561-366-5106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #