## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2006 8:00 am

DOCUMENT # 448463  1. Entity Name ALLCANES CORP.						Secretary 01 State 04-06-2006 90024 029 ***150.00			
Principal Place of Business		Mailing Address	Mailing Address		1,457				
5831 PONCE DE LEON BLVD.			5831 PONCE DE LEON BLVD.		417				
CORAL GABLES, FL-33146		CORAL GABLES, FL 33146				5000964	16		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01202006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Numb 59-162		<del> </del>	oplied For of Applicable		
Zip	Country	Zip	Country			of Status Desire	sd   \$8.75 Add	ditional	
	6Name and Address of Curr	ent Registered Agent		· · ·	7. Name and	Address of Ne	Fee Require w Registered Agent	<u>u</u>	
				Name					
COHEN, MAX A 7800 RED RD. STE, 334			Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33143								
				City		-	FL Zip Cod	.e	
8. The above	named entity submits this stateme	nt for the purpose of changin	n its register	ed office or re	nistered agent or bo	th in the State o		and account	
the obligat	ions of registered agent.	mila tilo parpodo di dilangin	g no register	ca omoc or re	gisiered agent, or be	ui, iii tile diate o	i i i i i i i i i i i i i i i i i i i	ана ассері	
SIGNATURE.									
Oldi Willone	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent signature r	equired when reinstating)		DATE		
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$5	9. Election Car 50.00 Trust Fund 0	mpaign Finar Contribution.	ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS	CHANGES TO (	OFFICERS AND DIRECTOR	S IN 11	
TITLE	Р	☐ Delete	TITE	E				Addition	
NAME	BELLO, ROBERT PAUL		NAM	£ 🖈	3339 Vis	ta UE L	A CRESTA		
STREET ADDRESS CITY-ST-ZIP	\(\alpha\)\(\begin{align*} \(\alpha\)\(\alpha\)\(\begin{align*} \(\alpha\)\(\alpha\		ET ADDRESS	Esca. Ni Di	CA	A CAESTA 92027			
TITLE		☐ Delete	TITLE		COUNTY DI	, U.,	☐ Change	☐ Addition	
NAME		<b>3</b> 500.00	NAM				олиндо	LI Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP			_		
TITLE NAME	•	☐ Delete	TITLE NAM				☐ Change	☐ Addition	
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CITY-ST-ZIP				-ST-ZIP					
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NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME		-7/30	NAM						
STREET ADDRESS				ET ADDRESS					
City-St-ZiP				-ST-ZIP			. <u></u>	<u> </u>	
TITLE NAME		☐ Delete	TITU NAM				☐ Change	■ Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
12. I hereby o	ertify that the information supplied	with this filing does not quali	ify for the exe	emptions cont	ained in Chapter 119	, Florida Statute	es. I further certify that the in	nformation	

I neredy certify that the information supplied with this filling 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 attrictment with an address, with all other like empowered.

4-6/-06

760.747

77.00