


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 538660
1. Entity Name
CANYON OF FT. LAUDERDALE, INC.



Principal Place of Business
**1818 E. SUNRISE BLVD
FT. LAUDERDALE, FL 33304**

Mailing Address
**1818 E. SUNRISE BLVD
FT. LAUDERDALE, FL 33304**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1750832 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DILEO, ANTONIO
2780 NE 57TH STREET
FORT LAUDERDALE, FL 33308**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DI LEO, ANTONIO 1818 E SUNRISE BLVD FORT LAUDERDALE, FL 33304
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04/04/07-80061-014 150.00

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IN THIS SPACE**

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:  **Antonio Dileo** **3/26/07** **954-524-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #