2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 23, 2005 8:00 am Secretary of State DOCUMENT # F30193 1. Entity Name 02-23-2005 90076 018 ***150.00 CANERO INVESTMENT CORPORATION Principal Place of Business Mailing Address 3595 NW 31ST STREET 3595 NW 31ST STREET 50018346 MIAMI FL 33142-5717 MIAMI FL 33142-5717 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2098191 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent anero, Antonio Ame CANERO, ANTONIO Street Address (P.O. Box Number is Not Acceptable 3585 NW 31ST ST 595 MIAMI FL 33174 1ami 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition **PSD** Change TITLE ☐ Delete TITLE CANERO, ANTONIO NAME NAME STREET ADDRESS STREET ADDRESS 3585 NW 31ST ST CITY-ST-7IP MIAMI, FL 00000 CITY-ST-ZIP VΡ Change TITLE ☐ Defete TEFFE ☐ Addition NAME CANERO, ESTRELLA NAME 3595 N.W. 31 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP CITY-ST-7IP ☐ Defete Change ☐ Addition TITLE NAMË NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS *CITY-ST-ZIP CITY-ST-7IP

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12. 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 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 reserver 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 affact then with an address, with all other like empowered. anero V.P. SIGNATURE: