


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90189 004 ***150.00

DOCUMENT # G99785			
1. Entity Name CANALES & ASSOCIATES ACCOUNTING, INC.			
Principal Place of Business 801 WEST 49TH ST SUITE 226 HIALEAH, FL 33012 US		Mailing Address P O BOX 22651 HIALEAH, FL 33002	
2. Principal Place of Business - No P.O. Box # 1800 W. 49th St.		3. Mailing Address	
Suite, Apt. #, etc. 218		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33012		Country U.S.	
4. FEI Number 59-2388031		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 FERIA, MARTA 801 WEST 49TH STREET #226 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1800 W. 49th St. Suite 218 City HIALEAH FL Zip Code 33012	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FERIA, MARTA 801 WEST 49TH STREET #226 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 W. 49th St. Suite 218 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Marta Feria</u> MARTA FERIA D.		Date: <u>4-22-08</u> Daytime Phone #: <u>305-821-1076</u>	