2006 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-71P

Mar 17, 2006 08:00 AM DOCUMENT # H97222 **Secretary of State** 1. Entity Name KANAS EQUIPMENT CO., INC. Principal Place of Business Mailing Address 801 NE 167 STR **801 NORTHEAST 167TH STREET STE 307** SUITE 307 NO MIAMI BCH, FL 33162 NORTH MIAMI BEACH, FL 33162 CR2E034 (11/05) 01202008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2630751 Not Applicable \$8.75 Additional 5. Certificate of Status Desired the participation of the property of the prope Fee Required 6. Name and Address of Current Registered Agent ANGEL, STANLEY 801 N.E. 167TH STREET DO NOT WRITE SUITE 307 IN THIS SPACE NORTH MIAMI BEACH, FL 33162 6. 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. Signatura, typed or printed name of registered agent and this 2 applicable (ROTE: Registered Agent algorithms required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. CONTRACTOR VENTER AND TITLE ANGEL, STANLEY NAME U00000471111 03/28/06 80041-017 150.00 STREET ADDRESS 801 N.E. 187TH ST., #307 N. MIAMI BEACH, FL CITY-ST-ZIP VSD TILE KAUFMAN, NORMAN MANE 801 N.E. 167TH ST., #307 STREET ADDRESS N. MIAMI BEACH, FL. CITY-ST-ZIP me NAME DO NOT WRITE STREET ADDRESS CUT-ST-ZIP IN THIS SPACE title NAME STITEET ADDRESS CITY -ST-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP ાજકાર તેક હોમજારી હતી કો જાણા કે મેટલે.

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 cath; 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 argoowered.

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