
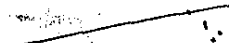



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90146 013 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K-41726			
1. Entity Name ALCAN, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 10880 Collins Ave.		3. Mailing Address 10880 Collins Ave	
Suite, Apt. #, etc. Suit. 801		Suite, Apt. #, etc. Suit. 801	
City & State Haulover Park, Mar. FL		City & State Haulover Park FL	
4. FEI Number 65-0087-564	Applied For <input type="checkbox"/> Not Applicable		
Zip 33154-1000	Country USA	Zip 33154-1000	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name BENJAMIN, HAROLD			
Street Address (P.O. Box Number is Not Acceptable) 6249 PINES BLVD			
City PEMBROKE PINES FL			
Zip Code 33024			
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: APR - 25, 2003			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT ALBERT CANAS 21570 PINE ROAD #3 BOCA RATON 33433		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE			
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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DATE: APR - 25, 2003 305.945.8884			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E0348 (12/02)