2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90038 007 ***150.00

DOCUMENT # K52367

1. Entity Name
CANAM INTERNATIONAL, INC.

Principal Place of Business
% STEPHEN BROWN
~~2150 N.E. 27TH CT.~~
~~LIGHTHOUSE PT., FL 33064~~

Mailing Address
% STEPHEN BROWN
~~2150 N.E. 27TH CT.~~
~~LIGHTHOUSE PT., FL 33064~~

2. Principal Place of Business
23081 ADDISON CIRCLE
BOCA RATON FLORIDA 33433

Suite, Apt. #, etc.

City & State

3. Mailing Address
23081 ADDISON CIRCLE
BOCA RATON FLORIDA 33433

Zip | Country

03152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0089331 — Applied For / Not Applicable

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

6. **Name and Address of Current Registered Agent**
BROWN, STEPHEN
23081 ADDISON CIRCLE
BOCA RATON FLORIDA 33433

7. **Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3-28-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BROWN, STEPHEN ~~2150 N.E. 27TH CT.~~ ~~POMPANO BEACH, FL 330647758~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 23081 ADDISON CIRCLE BOCA RATON FLORIDA 33433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BROWN, CHERYL ~~2150 N.E. 27TH CT.~~ ~~POMPANO BEACH, FL 330647758~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 23081 ADDISON CIRCLE BOCA RATON FLORIDA 33433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: [signature] STEPHEN BROWN 3-28-04 (561) 852-8254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #