

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # K52367

1. Entity Name
CANAM INTERNATIONAL, INC.



Principal Place of Business

% STEPHEN BROWN
23081 ADDISON CIRCLE
BOCA RATON, FL 33433

Mailing Address

% STEPHEN BROWN
23081 ADDISON CIRCLE
BOCA RATON, FL 33433



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0089331

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, STEPHEN
23081 ADDISON CIRCLE
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, STEPHEN
STREET ADDRESS 23081 ADDISON CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE DS
NAME BROWN, CHERYL
STREET ADDRESS 23081 ADDISON CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE BROWN

Date

Daytime Phone #

14-23-07

561-852-8254