

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90194 031 \*\*\*158.75

**DOCUMENT # M39370**

1. Entity Name  
**CANEX CORPORATION**



Principal Place of Business  
**2121 NE 40TH AVE  
OCALA, FL 34470 US**

Mailing Address  
**2121 NE 40TH AVE  
OCALA, FL 34470 US**

**60033994**



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2734256**

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**

**INTERNATIONAL ACCOUNTING GROUP  
150 SE 2ND AVENUE  
SUITE 1004  
MIAMI, FL 33131**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DVP
NAME	ALEXANDER, A
STREET ADDRESS	1602 ALTON ROAD #500
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	PS
NAME	ANSTISS, L
STREET ADDRESS	150 SE 2ND AVENUE, SUITE 1004
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	AST
NAME	NUH, A
STREET ADDRESS	150 SE 2ND AVENUE, SUITE 1002
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VATS
NAME	SMEJDA, H
STREET ADDRESS	2121 N.E. 40TH AVE
CITY-ST-ZIP	OCALA, FL 34470
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 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

**A. ALEXANDER**

Date

**4-25-08**

Daytime Phone #

**305-375  
0474**