## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000694

Entity Name: CANI ENTERPRISES, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5216 VANGUARD ST 6700 KINGSPOINTE PARKWAY

ORLANDO, FL 32819 ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

5216 VANGUARD ST 6700 KINGSPOINTE PARKWAY

ORLANDO, FL 32819 ORLANDO, FL 32819

FEI Number: 13-4275240 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition HEADRICK, MARK Name: DEVLIN, YVONNE

 Name:
 HEADRICK, MARK
 Name:
 DEVLIN, YVONNE

 Address:
 5216 VANGUARD ST
 Address:
 6700 KINGSPOINTE PARKWAY

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: VD ( ) Delete Title: STD (X) Change ( ) Addition

Name: VACH, KIM Name: SNOW, SINDEE

 Address:
 5216 VANGUARD ST
 Address:
 8107 VINELAND OAKS BLVD

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32835

Title: STD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SNOW, SINDEE
 Name:

 Address:
 8107 VINELAND OAKS
 Address:

 City-St-Zip:
 ORLANDO, FL 32835
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE DEVLIN P 04/15/2009