2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000051062

1. Entity Name
ELCANAR, INC.

Principal Place of Business	Mailing Address
6955 NW 77TH AVE 203 MIAMI, FL 33166-2845	6955 NW 77TH AVE 203 MIAMI, FL 33166-2845

01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1025168
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD, STE 301
CORAL GABLES, FL 33134

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	DOMINGUEZ, MARCEL B
STREET ADDRESS	6955 NW 77TH AVE #203
CITY-ST-ZIP	MIAMI, FL 331662845
TITLE	DVP
NAME	RODRIGUEZ, ANTONIO
STREET ADDRESS	6955 NW 77TH AVE #203
CITY-ST-ZIP	MIAMI, FL 331662845
TITLE	SD
NAME	FRAU, TERESA M
STREET ADDRESS	6955 NW 77TH AVE #203
CITY-ST-ZIP	MIAMI, FL 331662845
TITLE	TD
NAME	VAZQUEZ, OLGA
STREET ADDRESS	6955 NW 77TH AVE #203
CITY-ST-ZIP	MIAMI, FL 331662845
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/06-80024-018 150.00

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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: R. RODRIGUEZ 04-05-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #