2006 FOR PROFIT CORPORATION

مين السياط إلى الكوا

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 23, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P00000081108** 03-23-2006 90006 049 ***150.00 CANÓ MOTORS, INC. Principal Place of Business Mailing Address 9660 NW 27TH AVE. 1800 SW 133 AVE MIAMI, FL 33147 MIRAMAR, FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1037262 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 1800 SW 133 AVE MIRAMAR, FL 33027 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE Delete TILLE Change Addition CANO, CLAUDIA JULIAO NAME NAME STREET ADDRESS 1800 SW 133 AVE STREET ADDRESS MIRAMAR, FL 33027 CITY-ST-7(P CITY-ST-7/P VΡ Delete TITLE TITLE Change Change Addition CANO, EDUARDO NAME NAME STREET ADDRESS 1800 SW 133 AVE STREET ADDRESS MIRAMAR, FL 33027 CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

FILED

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 attagment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

3-20-06