

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90023 013 ***150.00

DOCUMENT # P00000081108					
1. Entity Name CANO MOTORS, INC.					
Principal Place of Business 9660 NW 27TH AVE. MIAMI, FL 33147			Mailing Address 1800 SW 133 AVE MIRAMAR, FL 33027		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1037262	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANO, EDUARDO 1800 SW 133 AVE MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME CANO, CLAUDIA JULIAO		<input type="checkbox"/> Delete		
STREET ADDRESS 1800 SW 133 AVE	CITY-ST-ZIP MIRAMAR, FL 33027		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME CANO, EDUARDO		<input type="checkbox"/> Delete		
STREET ADDRESS 1800 SW 133 AVE	CITY-ST-ZIP MIRAMAR, FL 33027		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 title empowered.					
SIGNATURE: <u>Eduardo Cano, DP</u> 3-26-08 (305) 685-0585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					