2007 FOR PROFIT CORPORATION

Apr 12, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P00000086190 04-12-2007 90020 022 ***150.00 1. Entity Name JOSE M. CANAS, P.A. Principal Place of Business Mailing Address guvvi -1550 MADRUGA AVENUE 1550 MADRUGA AVENUE SUITE 504 SUITE 504 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1039433 Not Applicable Zip Zio Country Country \$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 CANAS, JOSE M Street Address (P.O. Box Number is Not Acceptable) 1550 MADRUGA AVENUE **SUITE 504** CORAL GABLES, FL 33146 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Delete TILL Change ☐ Addition CANAS, JOSE M NAME NAME 1550 MADRUGA AVENUE, SUITE 504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP SD TITLE Delete TITLE Change ☐ Addition CANAS, LISSETTE R NAME NAME STREET AUDRESS 1550 MADRUGA AVENUE, SUITE 504 STREET ADDRESS CORAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE TITLE ■ Addition Delete ☐ Change 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-ZP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change

12. I hereby certify that the information supplied with this tiling does not quality 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 eath; 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, all other like empowered

CITY-ST-ZIP

STREET ADORESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

auas AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR 305 6664