

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000085834

1. Entity Name  
CANO'S APARTMENTS, INC.



FILED

2008 JUL 10 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11301 NW 8TH ST  
PLANTATION, FL 33020

Mailing Address  
11301 NW 8TH ST  
PLANTATION, FL 33325

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



06082008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
65-1134202

Applied For  
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANO, PATRICIA  
2040 GRANT STREET  
HOLLYWOOD, FL 33020

Name MARCO CANO

Street Address (P.O. Box Number is Not Acceptable)

2040 Grant St

City HOLLYWOOD FL Zip Code 33020

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 Patricia Cano

6-30-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CANO, PATRICIA  
STREET ADDRESS 2040 GRANT STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33020 ☒ Delete

TITLE VP  
NAME CANO, MARCO A  
STREET ADDRESS 2040 GRANT ST  
CITY-ST-ZIP HOLLYWOOD, FL 33020 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME MARCO A CANO  
STREET ADDRESS 2040 Grant St Hollywood FL 33020 ☒ Change ☐ Addition

TITLE Vice President  
NAME Patricia Cano  
STREET ADDRESS 2040 Grant St Hollywood FL 33020 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600132922426  
07/15/08--01009--004 \*\*\$1.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE: Patricia Cano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-30-08 954 655 1428