## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2008 8:00 am Secretary of State

DOCUMENT # P01000100496  1. Entity Name CANTOR, INC.						8 90008 033 ***150		
Principal Plac	e of Business	Mailing Address						
6360 NW STH WAY		6360 NW 5TH WAY						
FORT AUDIRDALE, FL 33309		FORT AUDERDALE, FL 33309				 		
3125	Place of Business - No P.O. Box # W- COMMENUAL BLVC	3. Mailing Address 3125 W. COMMENCIAL BLVD. Suite, Apt. #, etc.		LUD.				
Suite, Apt. #, etc. SUITE #110		SUITE 井110			01082008 Chg-P	CR2E034 (12/06)		
FORT LAVOENDAVE, FL		City & State FORT LAUDENDALE, FL			4. FEI Number 65-1145026	<del></del>	pplied For ot Applicable	
33309	Country USA	33309 -	Country -		5. Certificate of Status Desire	ed   \$8.75 Ad Fee Require		
2,5,50 ;	6. Name and Address of Current I	<del></del>	tered Agent			7. Name and Address of New Registered Agent		
GWYNNJONES, HUW NATALIE M. ADA								
6360 N <b>X</b> 5TH WAY				Street Address (P.O. Box Number is Not Acceptable) 1640 W- OAKLANO PALK BLUP- #303				
FORT LAUDERDALE, FL 33309							/)	
'	·		City	- 0		FI Zip Coo	de	
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 an							5//	
the obligations of registered agent.								
SIGNATURE Note of princed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)  NATAUE M. ADAMS  118/09  DATE								
MALE INSPIRED A VIET SIGNAL IN THE INTERIOR INTERI								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees								
10.	OFFICERS AND I		11.	00,00	ADDITIONS/CHANGES TO			
NAME	GWYNN-JONES, HUW	☐ Delete	TITLE NAME	HUL	SIDENT U GWYNN-JONES	Change	Addition	
STREET ADDRESS	6360 NW 5TH WAY SUITE 103		STREET ADDRESS	3125	W. COMMERCIAL	- BLVO. #110		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	П	CITY-ST-ZIP		LAVOELDALE, FL			
NAME	LIEBERMAN, RONALD B	☐ Delete	TITLE NAME		ILO B. LIEBELMAI	Q Change ✓	☐ Addition	
STREET ADDRESS	6360 NW 57H WAY SUITE 103		STREET ADDRESS	3125	W. COMMERCIAL	- BLVO. #110	ì	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	FOR	r LAUDELDALE,			
NAME		☐ Defete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
TITLE			CITY-ST-ZIP	-		F1 0		
NAME		Delete	NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	•	☐ Delete	CITY-ST-ZIP			C7.0		
NAME		L Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE		Delete	CITY-ST-ZIP			Change.	[ ] Addition	
NAME		Li Delcie	NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				ĺ	
CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify for	CITY-ST-ZIP	ontained	in Chapter 110 Florida Statute	on I further applies that the I	nformat'r -	
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 supplier that it port 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 received or flustee 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.								

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR