


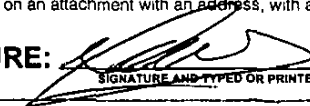


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90027 006 \*\*\*150.00

<b>DOCUMENT # P02000056003</b> 1. Entity Name <b>CANAIMA'S INTERNATIONAL, CORP.</b>					
Principal Place of Business <b>251 SW 203 AVE</b> <b>PEMBROKE PINES, FL 33029 US</b>			Mailing Address <b>251 SW 203 AVE</b> <b>PEMBROKE PINES, FL 33029 US</b>		
2. Principal Place of Business <b>5979 NW 151 ST</b> Suite, Apt. #, etc. <b>106</b> City & State <b>MIAMI LAKES FLORIDA</b>		3. Mailing Address <b>5979 NW 151 ST</b> Suite, Apt. #, etc. <b>106</b> City & State <b>MIAMI LAKES FLORIDA</b>			
4. FEI Number <b>02-0612485</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TOVAR, ILEANA A</b> <b>1725 MAIN STREET STE 205</b> <b>WESTON, FL 33326</b>			7. Name and Address of New Registered Agent Name <b>MARCO REYES.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5979 NW 151 ST</b> <b>SUITE # 106</b> City <b>MIAMI LAKES</b> <b>FL</b> Zip Code <b>33014</b>		
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  DATE <b>05-09-06</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, MARCO 251 SW 203 AVE PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYES, GEANETTE 251 SW 203 AVE PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REYES, RICHARD 251 SW 203 AVE PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 			Date <b>05-09-06.</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		