

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90061 040 \*\*\*150.00

**DOCUMENT # P02000073023**

1. Entity Name

CANA IMPORTS, INC.



Principal Place of Business

320 SAN LORENZO AVE #1210  
MIAMI FL 33146

Mailing Address

200 S BISCAYNE BLVD  
3000  
MIAMI FL 33131

2. Principal Place of Business

320 San Lorenzo Ave

Suite, Apt. #, etc.  
#1210

City & State

Coral Gables, FL

Zip  
33146

Country  
USA

3. Mailing Address

9700 Collins Ave

Suite, Apt. #, etc.  
Suite #116

City & State

Bal Harbour, FL

Zip  
33154

Country  
USA



MOORE

CR2E034 (11/03)

4. FEI Number

51-0426819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.  
200 S BISCAYNE BLVD  
3000 WADNAVA FINANCIAL CENTER  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
COLREY, FELIX  
256 BAL BAY DRIVE  
MIAMI BEACH FL 33154 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
Felix Cohen  
9700 COLLINS AVENUE #116  
Bal Harbour, FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felix Cohen, President

4/15/04

Date

305-864-9879

Daytime Phone #