## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P03000013011 04-27-2007 90191 033 \*\*\*150.00 1. Entity Name SOUTH CANAIMA CORP. Principal Place of Business Mailing Address 1121 SOUTH PARK RD #101 1121 SOUTH PARK RD #101 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 Principal Place of Business - No P.O. Box # 3. Mailing Address <u>yrtle</u> Oak Cir 2957 M Suite, Apt. #, etc. 03142007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Davie 87-0694292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 328 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cowarisma 1*es*us GUARISMA, JESUS A Street Address (P.O. Box Number is Not Acceptable) 1121 SOUTH PARK RD #101 HOLLYWOOD, FL 33021 Murtle · Carlot 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. of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D 🛰 TITLE ☐ Delete TITLE 2957 Myrtle Oak C GUARISMA, JESUS A NAME NAME STREET ADDRESS 1121:SOUTH PARK RD #101 STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-7IP Change TITLE Delete TITLE ■ Addition Varquez, Ana M 2957 Myrtle Oak Cir VAZQUEZ, ANA M NAME NAME STREET ADDRESS 1121 SOUTH PARK RD #101 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY - ST - ZLP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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

other like empowered.

SIGNATURE: 人

A. Covarisma

**FILED**