

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90025 037 ***150.00

DOCUMENT # P03000076973

1. Entity Name
CANO & SONS, INC.



Principal Place of Business
**17839 NW 15TH COURT
PEMBROKE PINES, FL 33029**

Mailing Address
**17839 NW 15TH COURT
PEMBROKE PINES, FL 33029**

60024309



2. Principal Place of Business - No P.O. Box #
651 SW 109th AVENUE

3. Mailing Address
651 SW 109th AVENUE

Suite, Apt. #, etc.
APT #108

Suite, Apt. #, etc.
APT #108

03242008 Chg-P CR2E034 (12/06)

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

4. FEI Number
30-0185050

Applied For
Not Applicable

Zip
33025-7118

Country
us

Zip
33025-7118

Country
US

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

6. Name and Address of Current Registered Agent

**CANO, ERNESTO L SR.
17839 NW 15TH COURT
PEMBROKE PINES, FL 33029**

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 \$750.00
After May 1, 2008 Fee will be \$550.00**

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
**CANO, ERNESTO L SR.
17839 NW 15TH COURT
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CANO, ELAINE
17839 NW 15TH COURT
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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: **ERNESTO L CANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/08

Date

Daytime Phone #