2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000081235

1. Entity Name
LAS CANAS, INC.

Principal Place of Business	Mailing Address
7342 SW 48TH STREET MIAMI, FL 33155	7342 SW 48TH STREET MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4261699
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIXTO, FELIPE
12890 SW 26TH STREET
MIAMI, FL 33175

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIXTO, FELIPE
STREET ADDRESS	12890 SW 26TH STREET
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	SIXTO, EMILIO
STREET ADDRESS	4000 SW 128TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	PST
NAME	SIXTO, CARMEN
STREET ADDRESS	2290 SW 6TH STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	VP
NAME	SIXTO, ANDRES
STREET ADDRESS	9630 SW 44TH STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/06-80049-017 150.00

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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: Carmen Sixto 2-9-06 3056627144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CarmenSixto