

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015002

Entity Name: CANALS CORPORATION

FILED  
Sep 15, 2005  
Secretary of State

## Current Principal Place of Business:

846 SW 148 PLACE  
MIAMI, FL 33194

## New Principal Place of Business:

PO BOX 160817  
HIALEAH, FL 33016

## Current Mailing Address:

846 SW 148 PLACE  
MIAMI, FL 33194

## New Mailing Address:

PO BOX 160817  
HIALEAH, FL 33016

FEI Number: 20-0647045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CANALS, GISELA  
846 SW 148 PLACE  
MIAMI, FL 33194 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CANALS, GISELA  
Address: 846 SW 148 PLACE  
City-St-Zip: MIAMI, FL 33194

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CANALS, GISELA  
Address: PO BOX 160817  
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELA CANALS

PRES

09/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date