

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90004 017 ***563.75

DOCUMENT # P05000038531



1. Entity Name
CANAB, INC.

Principal Place of Business
**601 DARK HAMMOCK ROAD
FT PIERCE FL 34947**

Mailing Address
**601 DARK HAMMOCK ROAD
FT PIERCE FL 34947**



2. Principal Place of Business
3290 HWY 441 S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State
ORKEECHO BEE FLA

City & State

4. FEI Number
87-0742191

Applied For
Not Applicable

Zip
34974

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAHAMON, CARLOS
601 DARK HAMMOCK ROAD
FT PIERCE FL 34947**

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 \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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
**D
BAHAMON, CARLOS
601 DARK HAMMOCK ROAD
FT PIERCE FL 34947** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BAHAMON, MARIA
601 DARK HAMMOCK ROAD
FT PIERCE FL 34947** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
_____ ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Carlos Bahamon **CARLOS BAHAMON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #