

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90032 006 \*\*\*150.00

**DOCUMENT # P05000101204**

1. Entity Name  
**CANPARTNERS REALTY (FLORIDA), INC.**



Principal Place of Business  
**9665 WILSHIRE BOULEVARD  
SUITE 200  
BEVERLY HILLS, CA 90212**

Mailing Address  
**9665 WILSHIRE BOULEVARD  
SUITE 200  
BEVERLY HILLS, CA 90212**

40013234



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-P

CR2E034 (11/05)

4. FEI Number

**95-4484332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
350 E. LAS OLAS BLVD.  
SUITE 1600  
FT. LAUDERDALE, FL 33301**

## 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 \$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	<input type="checkbox"/> Delete
NAME	EVENSEN, R. CHRISTIAN B	
STREET ADDRESS	9665 WILSHIRE BOULEVARD, SUITE 200	
CITY-ST-ZIP	BEVERLY HILLS, CA 90212	
TITLE	D	<input type="checkbox"/> Delete
NAME	JULIS, MITCHELL R	
STREET ADDRESS	9665 WILSHIRE BOULEVARD, SUITE 200	
CITY-ST-ZIP	BEVERLY HILLS, CA 90212	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, K. ROBERT	
STREET ADDRESS	9665 WILSHIRE BOULEVARD, SUITE 200	
CITY-ST-ZIP	BEVERLY HILLS, CA 90212	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, JOSHUA S	
STREET ADDRESS	9665 WILSHIRE BOULEVARD, SUITE 200	
CITY-ST-ZIP	BEVERLY HILLS, CA 90212	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, KENNETH	
STREET ADDRESS	119 WEST 57TH STREET, SOUTH	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*K. Robert Turner*

Date

*1/19/2006*

Daytime Phone #

*310-247-2700*