

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

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



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

11000000902484

04/30/08-80007-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
EVENSEN, R. CHRISTIAN B
9665 WILSHIRE BOULEVARD, SUITE 200
BEVERLY HILLS, CA 90212

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
JULIS, MITCHELL R
9665 WILSHIRE BOULEVARD, SUITE 200
BEVERLY HILLS, CA 90212

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
TURNER, K. ROBERT
9665 WILSHIRE BOULEVARD, SUITE 200
BEVERLY HILLS, CA 90212

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
FRIEDMAN, JOSHUA S
9665 WILSHIRE BOULEVARD, SUITE 200
BEVERLY HILLS, CA 90212

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
COHEN, KENNETH
119 WEST 57TH STREET, SOUTH
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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: K. Robert Turner 4/3/08 310-247-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #