
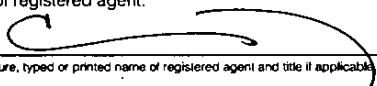
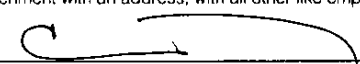


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90854 014 ***150.00

DOCUMENT # P06000078001			
1. Entity Name CAAN INC			
Principal Place of Business 2906 W GANDY BLVD #2 TAMPA, FL 33611 US		Mailing Address 2906 W GANDY BLVD #2 TAMPA, FL 33611 US	
2. Principal Place of Business - No P.O. Box # 3103 VERDANT CT Suite, Apt. #, etc. BLDG 8 # 105 City & State TAMPA, FL Zip 33629		3. Mailing Address 3103 VERDANT CT Suite, Apt. #, etc. BLDG 8 # 105 City & State TAMPA, FL Zip 33629	
Country HILLSBOROUGH		Country HILLSBOROUGH	
6. Name and Address of Current Registered Agent HERNANDEZ, ANDRES 2906 W GANDY BLVD #2 TAMPA, FL 33611		7. Name and Address of New Registered Agent Name CARLOS MONROY Street Address (P.O. Box Number is Not Acceptable) 3103 VERDANT CT BLDG 8 # 105 City TAMPA FL Zip Code 33629	
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  (NOTE: Registered Agent signature required when reinstating) DATE 04/27/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S HERNANDEZ, ANDRES 2906 W GANDY BLVD #2 TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P MONROY, CARLOS 2906 W GANDY BLVD #2 TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P,S MONROY, CARLOS 3103 VERDANT CT BLDG 8 # 105 TAMPA, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP RAMIREZ, ANGELICA 2906 W GANDY BLVD #2 TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP RAMIREZ, ANGELICA 3103 VERDANT CT BLDG 8 # 105 TAMPA, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DATE 04/27/07 Daytime Phone # 813-270 5677	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40093863



03262007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4999099 Applied For
Not Applicable

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