

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083911

FILED
Jul 06, 2007
Secretary of State

Entity Name: CANAAN INTERNATIONAL ASSOCIATES INC.

Current Principal Place of Business:

1105 NW 139 AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1105 NW 139 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-5091479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANCINTER CORPORATION
15802 NW 14 MANOR
PEMBROKE PINES, FL 33028 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALBORNOZ, LILIAM
Address: 1105 NW 139 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DV () Delete
Name: CASTRO, HELMER
Address: 1105 NW 139 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DS () Delete
Name: CASTRO, HELMER
Address: 1105 NW 139 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS () Change (X) Addition
Name: CASTRO, KELLY P
Address: 1105 NW 139 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KELLY CASTRO

DS

07/06/2007

Electronic Signature of Signing Officer or Director

_____ Date