

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000141506

Entity Name: CARANES, INC.

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4236 FLORAVISTA DR.  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

4236 FLORAVISTA DR.  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 20-5860614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANS, CARLOS  
4236 FLORAVISTA DR.  
ORLANDO, FL 32837 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: SANS, CARLOS  
Address: 4236 FLORAVISTA DR.  
City-St-Zip: ORLANDO, FL 32837

Title: DVT  
Name: ROJAS-DE SANS, OMAIRA  
Address: 4236 FLORAVISTA DR.  
City-St-Zip: ORLANDO, FL 32837

I hereby 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 all other like empowered.

SIGNATURE: CARLOS SANS

DPS

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date