

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90021 027 ***150.00

DOCUMENT # P06000141512

1. Entity Name
CANNES EXPORT CORP.



Principal Place of Business
150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130

Mailing Address
150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box #
1200 Brickell Bay Drive
Suite, Apt. #, etc.
Unit 3318

3. Mailing Address
1200 Brickell Bay Drive
Suite, Apt. #, etc.
Unit 3318

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
US

Zip
33131

Country
US

01162007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5855335

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUARLES, THOMAS J
150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130

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, 2007 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 ☐ Delete
NAME MARCHAL, SABINE
STREET ADDRESS 150 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE D ☐ Delete
NAME ALTUNGY, EDOUARD
STREET ADDRESS 150 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition
NAME Marchal, Sabine
STREET ADDRESS 1200 Brickell Bay Drive, #3318
CITY-ST-ZIP Miami, FL 33131

TITLE DS ☒ Change ☐ Addition
NAME Altungy, Edouard
STREET ADDRESS 1200 Brickell Bay Drive, #3318
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

3/21/2007

Signature Phone #