


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90023 008 \*\*\*150.00

<b>DOCUMENT # P93000001754</b>	
1. Entity Name <b>CANER DISTRIBUTING, CORP.</b>	

Principal Place of Business <b>8518 SW 8TH ST STE 109 MIAMI, FL 33144</b>	Mailing Address <b>8518 SW 8TH ST STE 109 MIAMI, FL 33144</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>8567 CORAL WAY</b>	3. Mailing Address <b>8567 CORAL WAY</b>
Suite, Apt. #, etc. <b>257</b>	Suite, Apt. #, etc. <b>257</b>
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33155</b>	Country <b>MIAMI - DADE</b>

**40043313**



02212008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0376880</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

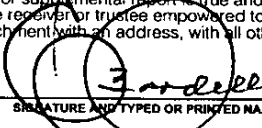
6. Name and Address of Current Registered Agent	
<b>BARDELLA, RICARDO E 1620 SW 87 PLACE MIAMI, FL 33165</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DP</b>	<b>ERMINEY, ANTONIO</b>		
<b>1620 SW 87 PL</b>	<b>1620 SW 87TH PLACE</b>		
<b>MIAMI, FL 33165</b>	<b>MIAMI, FL 33165</b>		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>DV</b>	<b>BARDELLA, RICARDO</b>		
<b>1620 SW 87TH PLACE</b>	<b>1620 SW 87TH PLACE</b>		
<b>MIAMI, FL 33165</b>	<b>MIAMI, FL 33165</b>		
<input type="checkbox"/> Delete	<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: <b>3-6-08</b> Daytime Phone #: <b>305 596 1281</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	