

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024505

Entity Name: CADANA CORP.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

19 W FLAGLER ST
SUITE 305 BISCAYNE BLDG
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

19 W FLAGLER ST
SUITE 305 BISCAYNE BLDG
MIAMI, FL 33130

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, STANLEY P ESQ
19 W FLAGLER ST
SUITE 305 BISCAYNE BLDG
MIAMI, FL 33130 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: PD () Delete
Name: CELLINI, ROBERT J
Address: 19 W FLAGLER ST SUITE 305
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: CELLINI, CRISTINA
Address: 19 W FLAGLER ST SUITE 305
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: KAPLAN, STANLEY P
Address: 19 W FLAGLER ST SUITE 305
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: CELLINI, ESTHER
Address: 19 W FLAGLER ST SUITE 305
City-St-Zip: MIAMI, FL 33130 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STANLEY P KAPLAN

VD

04/25/2005

Electronic Signature of Signing Officer or Director

Date