


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90027 020 ***150.00

DOCUMENT # P95000001576 1. Entity Name CESAN LTD., INC.																							
Principal Place of Business 6662 VILLA SONRISA DR #323 BOCA RATON, FL 33433		Mailing Address 6662 VILLA SONRISA DR #323 BOCA RATON, FL 33433																					
2. Principal Place of Business 17262 BOCA CLUB BLVD Suite, Apt. #, etc. APT 2405 City & State BOCA RATON, FL Zip 33487-1097 Country USA		3. Mailing Address 17262 BOCA CLUB BLVD. Suite, Apt. #, etc. APT 2405 City & State BOCA RATON, FL Zip 33487-1097 Country USA																					
4. FEI Number 65-0562398		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02072006 Chg-P CR2E034 (11/05)																					
6. Name and Address of Current Registered Agent FRIEDLANDER, PAULINE 6662 VILLA SONRISA DR #323 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name PAULINE FRIEDLANDER Street Address (P.O. Box Number is Not Acceptable) 17262 BOCA CLUB BLVD. APT 2405 City BOCA RATON FL Zip Code 33487-1097																					
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: <u>Pauline Friedlander</u> 3/26/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRIEDLANDER, PAULINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6662 VILLA SONRISA DR #323</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33433</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	FRIEDLANDER, PAULINE		STREET ADDRESS	6662 VILLA SONRISA DR #323		CITY - ST - ZIP	BOCA RATON, FL 33433		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>17262 BOCA CLUB BLVD. APT. 2405</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOCA RATON, FL 33487-1097</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	17262 BOCA CLUB BLVD. APT. 2405	STREET ADDRESS	BOCA RATON, FL 33487-1097	CITY - ST - ZIP	
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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 an other like empowered.																							
SIGNATURE: <u>Pauline Friedlander</u> 3/26/06 561-245-1101 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							

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