


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

08-04-2008 90032 039 ***150.00
09-11-2008 90002 014 ***150.00

DOCUMENT # P95000001576	
1. Entity Name CESAN LTD., INC.	

Principal Place of Business 17262 BOCA CLUB BLVD APT 2405 BOCA RATON, FL 33487-1097	Mailing Address 17262 BOCA CLUB BLVD APT 2405 BOCA RATON, FL 33487-1097
---	---

2. Principal Place of Business - No P.O. Box # 105 HYDRANGEA WAY	3. Mailing Address 105 HYDRANGEA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SIMPSONVILLE, S.C.	City & State SIMPSONVILLE, S.C.
Zip 29681	Country USA
Zip 29681	Country USA

40110000



08282008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FRIEDLANDER, PAULINE 17262 BOCA CLUB BLVD APT 2405 BOCA RATON, FL 33487-1097	
--	--

7. Name and Address of New Registered Agent Name STEVEN Y. KARP Street Address (P.O. Box Number is Not Acceptable) 12460 W. ATLANTIC BLVD. City CORAL SPRINGS, FL Zip Code 33071	
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 Steven Y. Karp, CPA DATE 8/28/08	

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLANDER, PAULINE 17262 BOCA CLUB BLVD, APT 2405 BOCA RATON, FL 334871097	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLANDER, PAULINE 105 HYDRANGEA WAY SIMPSONVILLE, S.C. 29681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Pauline Friedlander	Date: 9/9/08 864-281-1025