


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000027756
1. Entity Name
ALICAN, INC.



Principal Place of Business: ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
Mailing Address: ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

02092005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0712911 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TARR, WILLIAM I ESQ
ONE NORTH CLEMATIS ST
STE 200
WEST PALM BEACH, FL 33401

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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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

U00000308244
04/15/05-80095-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	FANJUL, CATHERINE
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DPST
NAME	FANJUL, ANDRES B
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: ABF Andres B. Fanjul, P 2/18/05 561-366-5106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #