## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2007 08:00 AN Secretary of State **DOCUMENT # P97000088030** ICARUS CANOPIES, INC. Principal Place of Business Mailing Address 1000 BRICKELL AVE 1000 BRICKELL AVE 1015 1015 MIAMI, FL 33131 MIAMI, FL 33131 04272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0934720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent CEBALLOS, GUSTAVO DO NOT WRITE 1000 BRICKELL AVE 1015 IN THIS SPACE MIAMI, FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!II FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CEBALLOS, GUSTAVO NAME STREET ADDRESS 1000 BRICKELL AVE #1015 CITY-ST-ZIP MIAMI, FL 33131 TITLE U00000744783 05/16/07-80002-022 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fling 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 empower 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 all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MINTED NAME OF BIGNING OFFICER OR DIRECTOR

**FILED**