

Mar 02 06 11:36a

stevenigreenwalpa

561-994-5629

p. 2

FILED
Mar 13, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000093918 1. Entity Name CANCO PROPERTIES, INC.			
Principal Place of Business 6971 NORTH FEDERAL HWY., STE. 105 BOCA RATON, FL 33487		Mailing Address 6971 NORTH FEDERAL HWY., STE. 105 BOCA RATON, FL 33487	
DO NOT WRITE IN THIS SPACE			
2. Name and Address of Current Registered Agent GREENWALD, STEVEN I 6971 NORTH FEDERAL HWY., STE. 105 BOCA RATON, FL 33487		DO NOT WRITE IN THIS SPACE	
3. 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 resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1100000465623 03/22/06-80043-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEPCIO, GLORIA 6971 NORTH FEDERAL HWY., STE. 105 BOCA RATON, FL 33487	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 807, 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: <u>G. Lepcio</u> <u>GLORIA LEPCIO</u> <u>03/06/06</u> <u>242-328-3560</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			