
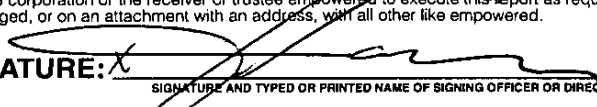


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90015 015 \*\*\*150.00

<b>DOCUMENT # P98000014052</b> 1. Entity Name <b>CANSICA CORPORATION</b>					
Principal Place of Business <b>4255 GULF SHORE BLVD NORTH</b> <b>202</b> <b>NAPLES, FL 34103</b>			Mailing Address <b>4255 GULF SHORE BLVD NORTH</b> <b>202</b> <b>NAPLES, FL 34103</b>		
2. Principal Place of Business <b>4151 Gulf Shore Blvd North</b>			3. Mailing Address <b>4151 Gulf Shore Blvd North</b>		
Suite, Apt. #, etc. <b>#804</b>		Suite, Apt. #, etc. <b>#804</b>		01312005    Chg-P    CR2E034 (10/03)	
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		4. FEI Number <b>65-0833882</b>	
Zip <b>34103</b>		Country <b>Collier</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75: Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIROCCO, RAYMOND M</b> <b>3601 W COMMERCIAL BLVD STE 39</b> <b>FT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6601 NW 14th Street</b> City & State <b>PLANTATION FL</b> Zip Code <b>33313</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CAVIEZEL, SIMON 4255 GULF SHORE BLVD NORTH 202 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4151 Gulf Shore Blvd North #804 NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 exemption stated in Section 119.07(3)(i), 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:  <b>Simon CAVIEZEL</b> 2/17/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					