2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the receiver or to changed, or on an attachment with a

SIGNATURE:

Jan 23, 2008 08:00 AN **DOCUMENT # P99000045687 Secretary of State** 1. Entity Name CANO, INC. Principal Place of Business Mailing Address 539 OGSTON ST. 539 OGSTON ST. WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0930972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANO, HEBERTO DO NOT WRITE 539 OGSTON ST. IN THIS SPACE WEST PALM BEACH, FL 33405 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 d applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000791661 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/23/08-80084-019 150.00 10. OFFICERS AND DIRECTORS TITLE D CANO, HEBERTO NAME STREET ADDRESS 539 OGSTON ST. #1 CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 eath; that I am an officer or director of the corporation or the receiver or truftee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ER OR DIRECTOR

Date

Daytime Phone #

FILED