
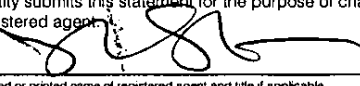
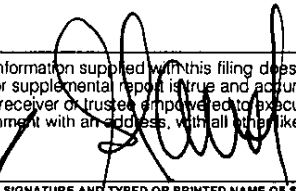


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90037 024 ***150.00

| | | | | | |
|--|--|---------------------------------|---|---|--|
| DOCUMENT # P99000061259 1. Entity Name HERMANOS CANO INC. | | | |  | |
| Principal Place of Business 1800 S OCEAN BLVD #1202 POMPAÑO BEACH, FL 33062 | | | Mailing Address 100 N BISCAYNE BLVD. SUITE 700 MIAMI, FL 33132 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0963134 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FILLOY, JOSEPH M 100 N BISCAYNE BLVD., SUITE 700 ***** (DECEASED 8/5/05) ***** MIAMI, FL 33132 | | | | 7. Name and Address of New Registered Agent Name JOHN M. STANISE Street Address (P.O. Box Number is Not Acceptable) 100 N. BISCAYNE BLVD SUITE 700 City MIAMI FL Zip Code 33132 | |
| 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: 1/9/06 | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CANO, GUSTAVO 1800 S OCEAN BLVD #1202 POMPAÑO BEACH, FL 33062 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CANO, DORIS 1800 S OCEAN BLVD #1202 POMPAÑO BEACH, FL 33062 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date: 1/23/06 Daytime Phone #: 954 4940807 | | | | | |