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May 25, 2007 8:00 am
Secretary of State

05-25-2007 90026 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000061259

1. Entity Name
HERMANOS CANO INC.

Principal Place of Business	Mailing Address
1800 S OCEAN BLVD #1202 POMPANO BEACH, FL 33062	100 N BISCAYNE BLVD. SUITE 700 MIAMI, FL 33132

05222007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4422 Laurel Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Weston, FL.
Zip / Country	Zip 33332 / Country USA

4. FEI Number 65-0963134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANISE, JOHN M 100 N BISCAYNE BLVD. SUITE 700 MIAMI, FL 33132	Name German Cano Street Address (P.O. Box Number is Not Acceptable) 4422 Laurel Place City Weston Fl. FL Zip Code 33332

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] 4/30/07
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANO, DORIS 1800 S OCEAN BLVD #1202 POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/30/07 9544940807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #