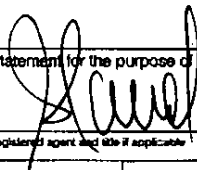
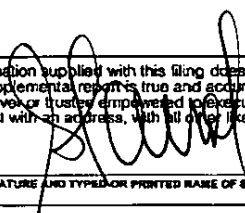


FILED
May 25, 2007 8:00 am
Secretary of State

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 1800 S OCEAN BLVD #1202 POMPANO BEACH, FL 33062		Mailing Address 100 N BISCAYNE BLVD. SUITE 700 MIAMI, FL 33132	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4422 Laurel Pl.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		4. FEI Number 65-0963134	
Zip 33332		Country USA	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STANISE, JOHN M 100 N BISCAYNE BLVD. SUITE 700 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name German Cano Street Address (P.O. Box Number is Not Acceptable) 4422 Laurel Place City Weston, FL FL 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:  DATE: 4/30/07 (NOTE: Registered Agent signature required when reinstating)			
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 links empowered. SIGNATURE:  DATE: 4/30/07 TELEPHONE: 954 4940807 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			