

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

DOCUMENT # P99000063397

1. Entity Name

CANAL MASTER, INC.



04-08-2005 90262 001 ***150.00

04-08-2005 90262 002 *****8.75

04-08-2005 90262 003 *****5.00

Principal Place of Business

10224 NW 47TH STREET
SUNRISE FL 33351

Mailing Address

10224 NW 47TH STREET
SUNRISE FL 33351

2. Principal Place of Business

2330 NW 102 AVE.

3. Mailing Address

2330 NW 102 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY 2

City & State

DORAL, FLORIDA

City & State

DORAL, FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0938124

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBERA, ROMULO
CANAL MASTER, INC.
10224 NW 47TH STREET
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name BARBERA, ROMULO

Street Address (P.O. Box Number is Not Acceptable)

2330 NW 102 AVE., BAY 2

City DORAL

FL

Zip Code 33172

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]
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/04/2005
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARBERA, ROMULO
STREET ADDRESS 8111 N.W. 33RD STREET
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE VD
NAME SANCHEZ, LUISA
STREET ADDRESS 8111 N.W. 33RD STREET
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #