
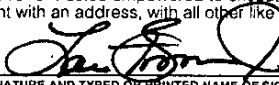


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90141 044 ***150.00

DOCUMENT # P99000075721 1. Entity Name SCANTAINER, INC.					
Principal Place of Business 2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134 US			Mailing Address 2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEWART AGENT SERVICES 2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	VPSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STINSON, LOUIS JR		NAME		
STREET ADDRESS	2199 PONCE DE LEON BLVD. #301		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VPAS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKINNER, T A		NAME		
STREET ADDRESS	2199 PONCE DE LEON BLD., #301		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGARD, ERIK		NAME		
STREET ADDRESS	1491 N.E. 102 ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE BLASI, JOHN		NAME	De Blasi, John	
STREET ADDRESS	1747 N.E. 124 STREET		STREET ADDRESS	2199 Ponce de Leon Boulevard #301	
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			04/07/2005 305-444-8807		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		