
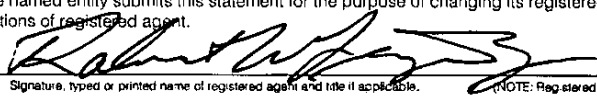
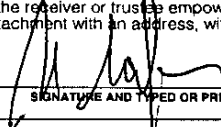


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90162 045 ***150.00

DOCUMENT # P99000082466 1. Entity Name FLCANJ, INC.					
Principal Place of Business 2400 EAST COMMERCIAL BLVD. #826 FORT LAUDERDALE, FL 33308			Mailing Address 2400 EAST COMMERCIAL BLVD. #826 FORT LAUDERDALE, FL 33308		
2. Principal Place of Business 6550 N FEDERAL Suite, Apt. #, etc. SUITE 220 City & State FT. LAUD FL Zip 33308 Country USA		3. Mailing Address 6550 N FEDERAL Suite, Apt. #, etc. SUITE 220 City & State FT LAUD FL Zip 33308 Country USA			
4. FEI Number 65-0841452				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02242005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR. 2400 EAST COMMERCIAL BOULEVARD SUITE 826 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name ROBERT W FRAZIER JR. Street Address (P.O. or Box Number is Not Acceptable) 6550 N FEDERAL HIGHWAY SUITE 220 City FT. LAUD FL Zip Code 33308		
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 3-8-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD KALICHMAN, NATHAN C/O 2400 EAST COMMERCIAL BLVD. #826 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KALICHMAN, NATHAN 6550 N FEDERAL HWY FT. LAUD, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 3-8-05 Daytime Phone # 954-928-1800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					