2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED -- ···· DOCUMENT # S35064 May 01, 2006 08:00 AN Secretary of State 1. Entity Name KANO ENTERPRISES, INC. Principal Place of Business Mailing Address 10021 VEEZIA PL 10021 VEEZIA PL **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For 4. FEI Number City & State City & State 65-0244312 Not Applicable Country Ζiρ Country Ziρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENNINGS, EDWARD J. Street Address (P.O. Box Number is Not Acceptable) 318 S.E. 8TH ST. FT. LAUDERDALE FL 33316 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete THE ☐ Change U00000552225 ESPOSITO, EMMA MAME MARKE 05/15/06-80002-025 150.00 STREET ADDRESS STREET ADDRESS 10021 VENEZIA PL CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33428** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY - ST - ZIP CHY-ST-7P ☐ Delete ☐ Change Addition IHLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition DITE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition HITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: EMP-A ES POS (70 4/17/06 561-852-65)

SIGNATURE AND TYPED OF PROPERTY NAME OF SIGNING OFFICER OR DIRECTOR

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