2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V01676 1. Entity Name CANARIA DEVELOPMENT, INC.					FILED Apr 02, 2001 8:00 an Secretary of State 04-02-2001 90283 014 ***150.00		
Principal Place of Business 782 NW 42 AVE 441 MIAMI FL 33126 US 2. Principal Place of Business		Mailing Address SOUTHERN MANSIONS REALTY. INC. 782 NW 42 AVE STE. 441 MIAMI FL 33126 US 3. Mailing Address					
City & State	e	City & State			4. FEI Number 65-0305761 Applied F		
Zip	Country	Zip	Country	y	5. Certificate of Status Desired  Status Desir		
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent	<u>, , , , , , , , , , , , , , , , , , , </u>	
LUIS, AGUSTIN O SR. 2115 COUNTRY CLUB PRADO CORAL GABLES FL 33126				Street Address (	(P.O. Box Number is Not Acceptable)		
••••			ŀ	City	FL Zip Code		
8. The above	named entity submits this statement f	or the purpose of changing it	ts registered	l office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agen			Agent signature required	· · · · · · · · · · · · · · · · · · ·	-	
9. This corpo Tax filing n	ration is eligible to satisfy its Intangibli equirement and elects to do so.		VIII FEE IS 2001 Fee w	S \$150.00 /ill be \$550.00	10. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee		
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LUIS, AGUSTIN O., SR. 2115 COUNTRY CLUB PRADO CORAL GABLES FL	Deiete	TITLE NAME STREET CITY-S	ADDRESS	Change Ac	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRESS	Change Ac	ddition	
TITLE NAME STREET ADDRESS		Delete	TITLE	ADDRESS	Change Ac	ddition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-S TITLE NAME STREET CITY-S	ADDRESS	Change A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE	ADDRESS	Change A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRESS ST - Z!P	Change A	ddition	
13. I hereby c	certify that the information supplied wi on this report or supplemental report poration of the receiver or trustee em or on an attachment with an address	th this filling does not qualify f is true and accurate and that powered to execute this repo , with all other like empowere	for the exem t my signatu ort as require od.	ption stated in Se re shall have the ed by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the informat e same legal effect as if made under oath; that I am an officer or dire 07, Florida Statutes; and that my name appears in Block 11 or Block	tion ector 12 if	