


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90038 011 \*\*\*150.00

**DOCUMENT # P05000065717**

1. Entity Name  
**ANA CABAN, INC.**



Principal Place of Business 2615 COLLINS AVE. UNIT 2 MIAMI, FL 33140	Mailing Address 2615 COLLINS AVE. UNIT 2 MIAMI, FL 33140
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**50002540**



2. Principal Place of Business <b>4045 Sheridan Ave.</b>	3. Mailing Address <b>4045 Sheridan Ave.</b>
Suite, Apt. #, etc. <b>#432</b>	Suite, Apt. #, etc. <b>#432</b>

03032006 Chg-P CR2E034 (11/05)

City & State <b>Miami Beach, FL</b>	City & State <b>Miami Beach, FL</b>	4. FEI Number <b>20-2932196</b>	Applied For Not Applicable
Zip <b>33140</b>	Country	Zip <b>33140</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**PRESIDENTIAL SERVICES INCORPORATED**  
**1217 CAPE CORAL PKWY.**  
**#300**  
**CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>VALENCIA, ANA C</b> <b>2615 COLLINS AVE. UNIT 2</b> <b>MIAMI, FL 33140</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4045 Sheridan Ave, #432</b> <b>Miami Beach, FL 33140</b>
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 exemptions contained in Chapter 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: *Ana C. Valencia* **Ana C. Valencia** *X 3/10/06* **3/10/06** **213-840-6277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #