

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 651997	
1. Entity Name CANARD INVESTMENTS, INC.	
Principal Place of Business 70 BOND STREET SUITE 200 TORONTO, ONT. CANADA M5B1X2, 20678-5489	Mailing Address 70 BOND STREET SUITE 200 TORONTO, ONT. CANADA M5B1X2, 20678-5489



07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLLACK, CHARLES
1815 GRIFFIN ROAD, STE 203
DANIA, FL 33004

**DO NOT WRITE
IN THIS SPACE**

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 (ide if applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EISEN, MELVYN D.
STREET ADDRESS	40 ALVIN AVENUE
CITY-ST-ZIP	TORONTO, ONTARIO, M4T2A

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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07/22/05-80003-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/18/05 x 416 865 5321