

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # F01000001190 1. Entity Name ALDO U.S. INC.	
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Principal Place of Business 2300 EMILE-BELANGER ST. LAURENT, QUEBEC, CANADA H4B 3J4, XX	Mailing Address 2300 EMILE-BELANGER ST. LAURENT, QUEBEC, CANADA H4B 3J4, XX
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01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1736704	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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.

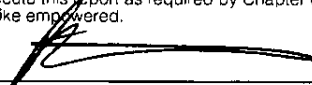
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008, Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BENSADOUN, ALBERT 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS RAVEN, ROBERT 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO DIONNE, REJEAN 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIBEAU, DIANNE 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JASKOLKA, NORMAN 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEMEROFF, JOANNE 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,

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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: ROBERT RAVEN  01/28/2008 (514) 747-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #