

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90256 038 \*\*\*150.00



DOCUMENT # F97000000713

1. Entity Name  
 AIR TRANSAT A.T. INC.

Principal Place of Business  
 11600 CARGO RD A-1  
 MONTREAL INTERNATIONAL AIRPORT  
 MIRABEL, QB j7n-1g9

Mailing Address  
 11600 CARGO RD A-1  
 MONTREAL INTERNATIONAL AIRPORT  
 MIRABEL, QB j7n-1g9



2. Principal Place of Business  
 11600 Louis-Bisson St.  
 Suite, Apt. #, etc.  
 Montreal Int'l Airport

3. Mailing Address  
 11600 Louis-Bisson St.  
 Suite, Apt. #, etc.  
 Montreal Int'l Airport

02022004 Chg-P CR2E034 (10/03)

City & State  
 Mirabel, Quebec

City & State  
 Mirabel, Quebec

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

Zip Country  
 J7N 1G9 Canada

Zip Country  
 J7N 1G9 Canada

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROY, CELINE  
 300 TERMINAL DRIVE #54  
 FORT LAUDERDALE, FL 33315

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS LONGPRE, MARTIN 59, HILLCREST POINTE-CLAIRE, QUEBEC, CA h9s 5e6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jean-Marc Eustache 18, Hazelwood, Outremont, Qc, H3T 1R3 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUREAU, PHILIPPE 12, PAGUELO STREET MONTREAL, QUEBEC, CA h2v 3b9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Allen B. Graham, 40 Hudson Club Rigaud, Quebec, JOP 1P0 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETRIN, DENIS 32, DE MAINTENON BLAINVILLE, QUEBEC, CA J7B1M6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gordon Greene, 81 Des Violettes Châteauguay, Quebec, J6J 3T8 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> <del>GOGGELIN, DENIS</del> <del>73 CHEMIN DES SOULEURS</del> <del>ST SAUVEUR QUEBEC, CA J0R 1A2</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Suzanne Viens, 4517, ave. Hôtel de ville Montreal, Quebec, H2T 2A8 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OAS GAUTREAU, LINDA 197, KENSINGTON BEACONSFIELD, QUEBEC, CA h9w 2j5 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chris Nassenstein, 124, Maple Hudson, Quebec, JOP 1H0 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COTE, JEAN <del>344, DES HETRES</del> 156 De Gaulle <del>VAL MORIN, QC J0R 2R0</del> Lorraine, Qc J6Z3Z3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Simon Lavoie, 228, Place du Rivage Bois des Filions, Quebec, J6Z 4V2 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda Gautreau, LINDA GAUTREAU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_