

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90091 047 ***150.00

DOCUMENT # **F97000002632**

1. Entity Name
CONSTRUCTION SAJO INC.



Principal Place of Business
**1212 DE LOUVAIN WEST
MONTREAL, QUEBEC
CANADA H4N 1G5**

Mailing Address
**1212 DE LOUVAIN WEST
MONTREAL, QUEBEC
CANADA H4N 1G5**



2. Principal Place of Business
1320 GRAHAM BLD

3. Mailing Address
1320 GRAHAM BLD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
3rd FLOOR

CHECK HERE IF MAKING CHANGES

City & State
MONT-ROYAL, QUEBEC

City & State
MONT-ROYAL, QUEBEC

4. FEI Number
98-0156283

Applied For
Not Applicable

Zip
H3P 3C8

Country
CANADA

Zip
H3P 3C8

Country
CANADA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERRERA, SALVATORE <input type="checkbox"/> Delete 63 PLACE BLEURY, ROSEMERE QUEBEC, CANADA J7A 4L9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEDESCHI, NICK <input type="checkbox"/> Delete 76 SUMMIT CRESCENT WESTMONT, QUEBEC CA H3-Y1L7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUERRERA, MARIO <input type="checkbox"/> Delete 417 MONTROSE, BEACONSFIELD QUEBEC, CANADA H9W 1H2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17 2003
Date

(514) 385-0333
Daytime Phone #

CR2E034 (10/02)