

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90241 031 ***158.75

DOCUMENT # K88855

1. Entity Name

CANADIAN FUNDS INC.



Principal Place of Business

300 BISCAYNE BLVD. WAY
SUITE 901
MIAMI FL 33131

Mailing Address

300 BISCAYNE BLVD. WAY
SUITE 901
MIAMI FL 33131

2. Principal Place of Business

1602 ALTON ROAD

3. Mailing Address

1602 ALTON ROAD

Suite, Apt. #, etc.

STE 100

Suite, Apt. #, etc.

STE 100

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

Zip

33139

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0120439

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, A
1602 ALTON ROAD # 500
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name
ALEXANDER, A
Street Address (P.O. Box Number is Not Acceptable)
1602 ALTON ROAD
SUITE 500
City
MIAMI BEACH FL Zip Code
33139

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 A. ALEXANDER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 DPAS
STREET ADDRESS ANSTISS, L
CITY-ST-ZIP 1602 ALTON ROAD, STE 100
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME VPAS
STREET ADDRESS NUH, A.
CITY-ST-ZIP 1602 ALTON ROAD #100
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME ~~S-~~
STREET ADDRESS ~~SMEJDA, L.~~
CITY-ST-ZIP ~~1602 ALTON ROAD, #100-~~
~~MIAMI BEACH FL 33139~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A NUH

4/16/04

Date

(305) 358-4441

Daytime Phone #