

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074205

FILED
Mar 26, 2009
Secretary of State

Entity Name: GPRA COMMERCIAL ENTERPRISES, INC.

Current Principal Place of Business:

901 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

337 MAGNA DRIVE
AURORA, ON L4G 7K1 CA

New Mailing Address:

FEI Number: 47-0956156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V (X) Delete
Name: LATTI, BRANT
Address: 337 MAGNA DRIVE
City-St-Zip: AURORA ONTARIO CANADA, XX L4G 7K1 XX

Title: VD () Delete
Name: TOHANA, BLAKE S
Address: 337 MAGNA DRIVE
City-St-Zip: AURORA ONTARIO CANADA, XX L4G 7K1 XX

Title: DS () Delete
Name: FORD, WILLIAM G
Address: 337 MAGNA DRIVE
City-St-Zip: AURORA ONTARIO CANADA, XX L4G 7K1 XX

Title: T () Delete
Name: SEYMOUR, MARY LYN
Address: 337 MAGNA DRIVE
City-St-Zip: AURORA ONTARIO CANADA, XX L4G 7K1 XX

Title: V (X) Delete
Name: BROMBY, JAMES
Address: 337 MAGNA DRIVE
City-St-Zip: AURORA ONTARIO CANADA, XX L4G 7K1 XX

Title: COO () Delete
Name: CHARLES, RON
Address: 285 WEST HUNTINGTON DRIVE
City-St-Zip: ARCADIA, CA 91700

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. FORD

S

03/26/2009

Electronic Signature of Signing Officer or Director

Date