

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

DOCUMENT # P15809

1. Entity Name
152945 CANADA INC.



02-09-2005 90054 004 ***150.00

Principal Place of Business: **5435 DE TERREBONNE SUITE 101 MONTREAL H4A 3R7 PQ CA**
 Mailing Address: **5435 DE TERREBONNE SUITE 101 MONTREAL H4A 3R7 PQ CA**

50012797



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: **17098 COLLINS AVE**
 Suite, Apt. #, etc.: **SUNNY ISLES BEACH**

3. Mailing Address: **FLORIDA**
 City & State

4. FEI Number: **52-1495817** Applied For: Not Applicable:

Zip: **33160** Country: **UNITED STATES**

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

6. Name and Address of Current Registered Agent:
LESNIAK, STANLEY
17098 COLLINS AVE
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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, 2005 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: PAS NAME: LESNIAK, STEFAN STREET ADDRESS: 7 COLECHESTER CITY-ST-ZIP: HAMPSTEAD, QUEBEC PQ	<input type="checkbox"/> Delete
TITLE: SD NAME: GERSZON, ELAINE ROSNER STREET ADDRESS: 95 PRINCE ARTHUR CITY-ST-ZIP: TORONTO, ONTARIO PQ	<input type="checkbox"/> Delete
TITLE: VD NAME: LESNIAK, STANLEY STREET ADDRESS: 191 HARLAND CITY-ST-ZIP: HAMPSTEAD, CANADA PQ	<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
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: H3X 3V9	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 92 HILTON CITY-ST-ZIP: M5R-3E7	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 7 COLECHESTER CITY-ST-ZIP: H3X-3V9	<input checked="" type="checkbox"/> Change <input checked="" 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
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: Stefan Lesniak **STEFAN LESNIAK** 1-12-2005, 514-4899701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #