

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

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

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

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: **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	<input type="checkbox"/> Delete
NAME: LESNIAK, STEFAN	
STREET ADDRESS: 7 COLECHESTER	
CITY-ST-ZIP: HAMPSTEAD, QUEBEC PQ	
TITLE: SD	<input type="checkbox"/> Delete
NAME: GRSZON, ELAINE ROSNER	
STREET ADDRESS: 95 PRINCE ARTHUR	
CITY-ST-ZIP: TORONTO, ONTARIO PQ	
TITLE: VD	<input type="checkbox"/> Delete
NAME: LESNIAK, STANLEY	
STREET ADDRESS: 191 HARLAND	
CITY-ST-ZIP: HAMPSTEAD, CANADA PQ	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: H3X 3V9	
CITY-ST-ZIP: _____	
TITLE: _____	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 92 HILTON	
CITY-ST-ZIP: M5R-3E7	
TITLE: _____	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 7 COLECHESTER	
CITY-ST-ZIP: H3X-3V9	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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 #