

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15810

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: 152944 CANADA INC.

## Current Principal Place of Business:

17098 COLLINS AVE  
SUITE A104  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

5435 DE TERREBONNE  
SUITE 101  
MONTREAL H4A 3R7, PQ CA

## Current Mailing Address:

17098 COLLINS AVE  
SUITE A104  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

5435 DE TERREBONNE  
SUITE 101  
MONTREAL H4A 3R7, PQ CA

FEI Number: 52-1495706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMAN, LESNIAK  
17098 COLLINS AVE  
SUNNY ISLES BEACH, FL 32160 US

## Name and Address of New Registered Agent:

LESNIAK, STANLEY  
17098 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160 US

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: STANLEY LESNIAK

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ASPD ( ) Delete  
Name: LESNIAK, ROMAN  
Address: 6005 CAVENDISH BLVD PH3  
City-St-Zip: COTE ST. LUC, QUEBEC,

Title: VD ( ) Delete  
Name: LESNIAK, IRWIN  
Address: 6005 CAVENDISH BLVD PH3  
City-St-Zip: COTE ST LUC, QUEBEC,

Title: SD ( ) Delete  
Name: LESNIAK, GRACE  
Address: 6005 CAVENDISH BLVD PH3  
City-St-Zip: C.S.L, QUEBEC,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ASPD (X) Change ( ) Addition  
Name: LESNIAK, ROMAN  
Address: 6005 CAVENDISH BLVD PH3  
City-St-Zip: COTE ST. LUC, QUEBEC, PQ CA

Title: VD (X) Change ( ) Addition  
Name: LESNIAK, IRWIN  
Address: 6005 CAVENDISH BLVD PH3  
City-St-Zip: COTE ST LUC, QUEBEC, PQ CA

Title: SD (X) Change ( ) Addition  
Name: LESNIAK, GRACE  
Address: 6005 CAVENDISH BLVD PH3  
City-St-Zip: C.S.L, QUEBEC, PQ CA

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROMAN LESNIAK

ASPD

04/26/2004

Electronic Signature of Signing Officer or Director

Date