

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-09-2005 90054 003 ***150.00

DOCUMENT # P15810
 1. Entity Name
 152944 CANADA INC.



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

50012798



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: 17098 COLLINS AVE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State: SUNNY ISLES, FLORIDA

4. FEI Number: 52-1495706
 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: 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: ASPD NAME: LESNIAK, ROMAN STREET ADDRESS: 6005 CAVENDISH BLVD PH3 CITY-ST-ZIP: COTE ST. LUC, QUEBEC PQ | <input type="checkbox"/> Delete |
| TITLE: VD NAME: LESNIAK, IRWIN STREET ADDRESS: 6005 CAVENDISH BLVD PH3 CITY-ST-ZIP: COTE ST LUC, QUEBEC PQ | <input type="checkbox"/> Delete |
| TITLE: SD NAME: LESNIAK, GRACE STREET ADDRESS: 6005 CAVENDISH BLVD PH3 CITY-ST-ZIP: C.S.L, QUEBEC PQ | <input checked="" 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: H4W-3E2 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: H4W-3E2 | <input 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: Roman Lesniak ROMAN LESNIAK 1-11-2005 514-489-9701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #