2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000084125

DAWSCO PROPERTY (US) CORP.



US

Principa Place of Business

ONE NORTH CLEMATIS ST.

SUITE 305 WEST PALM BEACH, FL 33401 ŲS Mailing Address

ONE NORTH CLEMATIS ST.

SUITE 305

WEST PALM BEACH, FL 33401

FILED

04 APR 16 AM 8: 56

SECRETARY OF STATE TALLAHASSEE. FLORIDA



02042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 98-0150618 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIENER, ESQ. DAVID J.: ONE NORTH CLEMATIS ST.

DO NOT WRITE

SUITE 305 WEST PALM BEACH, FL 33401				IN THIS SPACE				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			red Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Read . 1	000 3 6/040	329653 1048011	3 64 **150.00	
10.	OFFICERS AND DIRECT	TORS	Same and the second of the sec					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, PETER 30 ST CLAIR AVE W STE 1400 TORONTO, ONTARIO, CANADA, m4	v3a1						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			The state of the s	IN	THIS	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

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 if 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 employered to execute this erport 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 as address, with all other title employered. changed, or on an attachment with a DAWSCO

SIGNATURE: By:

CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T Cohen, President

416-515-1400 Daytime Phone #