

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P35253

1. Entity Name
AIPEG PROPERTY CORPORATION



Principal Place of Business
**C/O C T CORPORATION SYSTEM
P.O. BOX 631
WILMINGTON, DE 19899**

Mailing Address
**50 BARTOR ROAD
TORONTO, ONTARIO, M9M -295 CA**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0034548

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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 Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000125047
04/22/04-80069-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, BARRIE D. 2100-38 AVENUE RD TORONTO, ONT., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSE, JOHN A. 28 PEVERIL ROAD NORTH TORONTO, ONT., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSE, PAUL A. C/O BARRIE D. ROSE, 3108-99 HARBOUR SQ. TORONTO, ON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSE, ROBERT A. 44 ST JOSEPH ST. APT 2614 TORONTO, ON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRIE D. ROSE, PRESIDENT

Date

Daytime Phone #

April 24, 2004 416-745-3333