## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2005 08:00 AM DOCUMENT # S11026 **Secretary of State** Entity Name BUSCH DEVRIN, INC. Mailing Address Principal Place of Business 1002 SHERBROOKE ST. W., SUITE 2625 1002 SHERBROOKE ST. W., SUITE 2625 MONTREAL. QUEBEC, H3A 3L6 MONTREAL, QUEBEC, H3A 3L6 CANADA. CANADA, CR2E034 (10/03) 04122005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3080531 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAYERS, ALEXANDER DO NOT WRITE 2121 N OCEAN BLVD APT 1007-E IN THIS SPACE BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing UNO000312310 04/18/05-80077-007 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MAYERS, ALEXANDER 1002 SHERBROOKE ST.W., SUITE 2625 STREET ADDRESS CITY-ST-ZIP MONTREAL, QUEBEC CANADA, h3a 3l6 TITLE GARTNER, MICHAEL NAME STREET ADDRESS 1002 SHERBROOKE ST.W., SUITE 2625 CITY-ST-ZIP MONTREAL, QUEBEC CANADA, h3a 3i6 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTION

CITY-\$1-719

SIGNATURE:

12/05 514-845-0241
Devime Phone #

**FILED**