

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P04000157986

1. Entity Name
2004 PROPERTIES INC.



Principal Place of Business
**215-534 LAWRENCE AVE W
TORONTO, ONTARIO M6A 1A2
CANADA, XX**

Mailing Address
**215-534 LAWRENCE AVE W
TORONTO, ONTARIO M6A 1A2
CANADA, XX**



05042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0440460	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VARELIS, SOTIRIOS
1104 MALLORCA DR
BRADENTON BCH, FL 34209**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VARELIS, EVA 215-534 LAWRENCE AVE W TORONTO, ONM64A 1A2, CA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/20/06-80014-005158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

MAY 4, 06

Date

416-783 2222

Daytime Phone #