

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074205

Entity Name: GPRA COMMERCIAL ENTERPRISES, INC.**Current Principal Place of Business:**901 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009**Current Mailing Address:**455 MAGNA DRIVE
SECOND FLOOR
AURORA, ON L4G 7-A9 CA**FEI Number:** 47-0956156**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VP, OPERATIONS
Name ROGERS, MIKE
Address 455 MAGNA DRIVE
City-State-Zip: AURORA ON L4G 7A9

Title DIRECTOR OF FINANCE
Name ANGEL, PATTY
Address 901 S. FEDERAL HIGHWAY
City-State-Zip: HALLANDALE FL 33009

Title D
Name STRONACH, BELINDA
Address 455 MAGNA DRIVE
City-State-Zip: AURORA ON L4G 7-A9

Title PRESIDENT AND GENERAL
MANAGER
Name RITVO, TIM
Address 901 S. FEDERAL HIGHWAY
City-State-Zip: HALLANDALE FL 33009

Title DCEO
Name OSSIP, ALON
Address 455 MAGNA DRIVE
City-State-Zip: AURORA ON L4G 7-A9

Title CFO, DIRECTOR
Name SIMONETTI, JOHN
Address 455 MAGNA DRIVE
City-State-Zip: AURORA ON L4G 7A9

Title SECRETARY
Name LYNN, JANE
Address 455 MAGNA DRIVE
City-State-Zip: AURORA ONTARIO L4G 7A9

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE LYNN**SECRETARY****04/19/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date