

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 605386

1. Entity Name
JEL-SHAR INVESTMENTS, INC.



Principal Place of Business Mailing Address
**1085 ST.-ALEXANDRE
SUITE 400
MONTREAL, QUEBEC, CANADA, h2z-1p4 CA** **1085 ST.-ALEXANDRE
SUITE 400
MONTREAL, QUEBEC, CANADA, h2z-1p4 CA**

FILED
Apr 01, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

03112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1868790 Not Applicable

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

6. Name and Address of Current Registered Agent

**DESARITZ, LEWIS
7770 W. OAKLAND PARK BLVD.
SUNRISE, FL 33321**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

MBA 22, 2005

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **CHANKOWSKY, RHODA**
STREET ADDRESS **1801 S. OCEAN DR. #404**
CITY-ST-ZIP **HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**U00000283889
04/01/05-80046-003 158.75**

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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)(f), 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:

Rhoda Chankowsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RHODA CHANKOWSKY

Date

22/3/05

Daytime Phone #

c/o Jas. Wasmuth

(514) 393-3927