2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **689687**

1. Entity Name
625 CORPORATION

Principal Place of Business	Mailing Address
601 12TH STREET W.	CHAIT. JONATHAN
BRADENTON FL 34205	52 SUMMIT CIRCLE
US	MONTREAL OU H3Y- 1B3
	CA

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt., etc. .
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2070370**   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUINLAN, JOHN V.	Name
601 12TH STREET W.	Street Address (P.O. Box Number is Not Acceptable)
BRADENTON FL 34205	City **FL** Zip Code

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, 2003 Fee will be $550.00** **Make Check Payable to Florida Department of State**		9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS   **11.**   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CHAIT, JONATHAN		NAME			
STREET ADDRESS	52 SUMMIT CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	MONTREAL CA H3Y- 1B3		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/02)

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: _Jonathan Chait_   _Mar 11/03_   514.781.2251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #