


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 698196</b> 1. Entity Name WESTON-FLORIDA HOLDING CORP.	
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Principal Place of Business 50 CONFEDERATION PKWY CONCORD ONTARIO, 14-k4t8 CA	Mailing Address 50 CONFEDERATION PKWY CONCORD ONTARIO, 14-k4t8 CA
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05132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2154254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  STANTON, CPA, JOHN P 6 SABAL CT STUART, FL 34996
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MUZZO, MARCO 200 SYLVADENE PKWY WOODBIDGE, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD MUZZO, MARC A 186 SYLVADENE PKWY WOODBIDGE, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000168320 07/26/04-80009-001 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>July 14/04</i> _____ <small>Date</small>	<i>905-326-4000</i> _____ <small>Daytime Phone #</small>
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