

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 836248

1. Entity Name
DRUMMOND COURT CORPORATION



Principal Place of Business

**3330 BOHLE' STREET
MONTREAL, QUEBEC H3M 1C7,**

QC

Mailing Address

**1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1607009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWARD, EUGENE J ESQ.
1111 LINCOLN BLVD RD
4TH FLOOR
MIAMI BEACH, FL 33139**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

000000141266
04/30/04-80004-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GODIN, ANDRE
STREET ADDRESS	1051 CEDARGLENN GATE, UNIT 11
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5C 3A7,
TITLE	DS
NAME	LEROUX, RENE
STREET ADDRESS	507 PLACE D' ARMES, SUITE 1300
CITY-ST-ZIP	MONTREAL, QUEBEC H2Y 2W8,
TITLE	D
NAME	GODIN, JEAN
STREET ADDRESS	3330 BOHLE' STREET
CITY-ST-ZIP	MONTREAL, QUEBEC H3M 1C7,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04

Date

Daytime Phone #

1-514-282-1287