2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 844220

1. Entity Name
GIL LEASEHOLDS LIMITED CO.

Principal Place of Business	Mailing Address
89 WELLS HILL AVENUE TORONTO ONTARIO M5R3A7 CANADA, XX	89 WELLS HILL AVENUE TORONTO ONTARIO M5R3A7 CANADA, XX

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04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
98-0081905
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KUTUN, BARRY , ATTY.
3550 BISCAYNE BOULEVARD
MIAMI, FL 33137

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BASEN, GWYNNE
STREET ADDRESS	89 WELLS HILL AVE
CITY-ST-ZIP	TORONTO ONT. CANADA, msr 3a7
TITLE	T
NAME	BASEN, LEILA
STREET ADDRESS	89 WELLS HILL AVE
CITY-ST-ZIP	TORONTO ONT. CANADA, msr 3a7
TITLE	S
NAME	BASEN, IRA
STREET ADDRESS	89 WELLS HILL AVE
CITY-ST-ZIP	TORONTO ONT. CANADA, msr 3a7
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: IRA BASEN APRIL 27/05 (416)963-8023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #