

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844220

FILED  
Apr 09, 2011  
Secretary of State

**Entity Name:** GIL LEASEHOLDS LIMITED CO.

**Current Principal Place of Business:**

89 WELLS HILL AVENUE  
TORONTO ONTARIO, ON M5R3A7 CA

**New Principal Place of Business:**

**Current Mailing Address:**

89 WELLS HILL AVENUE  
TORONTO ONTARIO M5R3A7  
TORONTO ONTARIO, ON M5R3A7 CA

**New Mailing Address:**

**FEI Number:** 98-0081905      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BASEN, GWYNNE  
Address: 89 WELLS HILL AVE  
City-St-Zip: TORONTO ONT. CANADA, ON MSR 3A7

Title: T  
Name: BASEN, LEILA  
Address: 89 WELLS HILL AVE  
City-St-Zip: TORONTO ONT. CANADA, ON MSR 3A7

Title: S  
Name: BASEN, IRA  
Address: 89 WELLS HILL AVE  
City-St-Zip: TORONTO ONT. CANADA, ON MSR 3A7

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IRA BASEN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

04/09/2011

\_\_\_\_\_ Date