

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 856078

1. Entity Name
**SATIN FINISH HARDWOOD FLOORING (ONTARIO)
LIMITED CORPORATION**



Principal Place of Business
**C/O BERKOWITZ DICK POLLACK & BRANT
200 SOUTH BISCAYNE BLVD, SIXTH FLOOR
MIAMI, FL 33131 US**

Mailing Address
**C/O BERKOWITZ DICK POLLACK & BRANT
200 SOUTH BISCAYNE BLVD, SIXTH FLOOR
MIAMI, FL 33131 US**



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0066253

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHULTZ, TERRENCE A
200 SOUTH BISCAYNE BLVD
SIXTH FLOOR
MIAMI, FL 33131**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DALOS, IVAN
STREET ADDRESS 62 OLD COLONY RD.
CITY - ST - ZIP WILLOWDALE, ONTARIO,

TITLE SD
NAME HOFSTEDER, GEORGE
STREET ADDRESS 19 ERICA AVE.
CITY - ST - ZIP DOWNSVIEW, ONTARIO,

TITLE D
NAME PASTOR, ANDREW
STREET ADDRESS 4 ST. MARGARETS DR.
CITY - ST - ZIP TORONTO, ONTARIO,

TITLE D
NAME ZIMMERMAN, DAVID
STREET ADDRESS 134 CLANTON PARK RD.
CITY - ST - ZIP DOWNSVIEW, ONTARIO,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000952844
06/05/08-80005-004 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

JUN 3 '08 416 241 8671