

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90058 020 ***150.00

DOCUMENT # F01000000372

1. Entity Name
168006 CANADA INC.



Principal Place of Business
5845 COTE DES NEIGES, SUITE 565
MONTREAL, QUEBEC
CANADA H3S LZ4,

Mailing Address
5845 COTE DES NEIGES, SUITE 565
MONTREAL, QUEBEC
CANADA H3S LZ4,

40002881



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

98-0107854

Applied For

Not Applicable

Zip
H3S 1Z4

Country

Zip
H3S 1Z4

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINSTEIN, MARVIN
120 SOUTH UNIVERSITY DRIVE, SUITE C
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PVS
POTOKER, STEVEN D DR.
STREET ADDRESS
5845 COTE DES NEIGES, SUITE 565
CITY-ST-ZIP
MONTREAL, QUE., CANADA, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
H3S 1Z4 ☐ Change ☐ Addition

TITLE
NAME
CD
POTOKER, STEVEN D DR.
STREET ADDRESS
5845 COTE DES NEIGES, SUITE 565
CITY-ST-ZIP
MONTREAL, QUE., CANADA, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
H3S 1Z4 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

JAN 18-05

Date

Daytime Phone #