FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 08, 2003 8:00 am Secretary of State

09-08-2003 90129 022 ***150.00

1. Entity Nan	MENT # F01000000 06 CANADA INC.	372 D		09-08-2003 901 29 022	130.00
DO NOT WRITE IN THIS SPACE. 2. Principal Place of Business 1. Malling Address				90154479	
1	COTE DES NEIGES *, etc.	3. Mailing Address 5845 COTE Suite, Apt. #, etc. SUITE 565	DES NEIGES	DO NOT WRITE IN THIS SPACE	CE
City & Star MONT R	EAL, QUEBEC	City & State MONTREAL,		4. FEI Number 98-0107854	Applied For Not Applicable
Zip H3S 1	Country CANADA	H3S 1Z4	CANADA		75 Additional Required
PEINSTEIN, MARVIN Street Address (P.O. Box Number is Not Acceptable) 120 SOUTH UNIVERSITY DRIVE SUITE C City PLANTATION FI. The State of Florida. Lam familiar with, and accept the obligations of registered agent, so both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or purised name of registered agent and the if applicable. (NOTE: Registered Agent algorithms regulated when remarkating) DATE TURNITATION SIGNATURE Signature, typed or purised name of registered agent and the if applicable. (NOTE: Registered Agent algorithms regulated when remarkating) PATE: Signature, typed or purised name of registered agent and the if applicable. (NOTE: Registered Agent algorithms regulated when remarkating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fiens					
Make Check	Amended UBR is \$61:25 Payable to Florida Department of OFFICERS AND I			Trust Fund Contribution.	Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS POTOKER, STEVEN 5845 COTE DES NE MONTREAL, QUEBEC	D. DR	TITLE STREET ADDRESS (TOTAL ST. EP)		CR2E034B (12/02)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	POTOKER, STEVEN 5845 COTE DES NI MONTREAL, QUEBEC	EGES, #565	STREET ADDRESS ACTIVE ST. DP TITLE HAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY ST. ZP S. ST. ST. ST. ST. ST. ST. ST. ST. ST.	IN THIS SPACE	

12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all ether like empowered.

NUE 2

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

TITLE

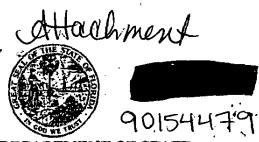
NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14611119

Daytime Phone #



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 29, 2003

168006 CANADA INC. suite 227 chateau maisonneuve 4999 rue ste-catherine quest westmount quebec, H3Z-IT3

SUBJECT: 168006 CANADA INC. Ref. Number: F01000000372

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin-M-Shivers
Document Specialist

Letter Number: 203A00043772