


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001190</b> 1. Entity Name ALDO U.S. INC.	
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Principal Place of Business 2300 EMILE-BELANGER ST. LAURENT, QUEBEC, CANADA H4B 3J4,	Mailing Address 2300 EMILE-BELANGER ST. LAURENT, QUEBEC, CANADA H4B 3J4,
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03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1736704	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**8. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	CEO BENSADOUN, ALBERT 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS RAVEN, ROBERT 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO DIONNE, REJEAN 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIBEAU, DIANNE 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JASKOLKA, NORMAN 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEMEROFF, JOANNE 2300 EMILE-BELANGER ST-LAURENT, QUEBEC H4B 3J4,

000000276932

03/26/05-80009-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # \_\_\_\_\_