

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90021 037 ***550.00

DOCUMENT # F01000001190

1. Entity Name
ALDO U.S. INC.



Principal Place of Business
**2300 EMILE-BELANGER
ST. LAURENT, QUEBEC, CANADA
H4B 3J4, XX**

Mailing Address
**2300 EMILE-BELANGER
ST. LAURENT, QUEBEC, CANADA
H4B 3J4, XX**

40099064



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1736704

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

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

**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 \$550.00
Due by September 6, 2006**

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,**

**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 another like empowered.

SIGNATURE:

Claude Sincennes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLAUDE SINCENNES
VICE-PRESIDENT FINANCE

July 10, 2006
Date

(514) 747-2536
Daytime Phone #