

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1736704

Applied For
Not Applicable

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

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

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

U00000600294
01/26/07-80004-008 150.00

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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

ROBERT RAVEN, TREASURER 01/11/2007 (614) 747.2536

Date

Daytime Phone #