

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90234 048 ***150.00

DOCUMENT # F04000007075

1. Entity Name
OCCULOGIX HOLDINGS, INC.



Principal Place of Business

**2600 SKYMARK DRIVE, UNIT 9, SUITE 201
MISSISSAUGA, ONTARIO CANADA
L4W 5B2, XX**

Mailing Address

**2600 SKYMARK DRIVE, UNIT 9, SUITE 201
MISSISSAUGA, ONTARIO CANADA
L4W 5B2, XX**

14008503



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0729306

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301**

**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, 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	PST DUMENCU, WILLIAM G 2600 SKYMARK DRIVE, UNIT 9, SUITE 201 MISSISSAUGA, ONT., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VAMVAKOS, ELIAS 2600 SKYMARK DRIVE, UNIT 9, SUITE 201 MISSISSAUGA, ONT., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CORNISH JOHN 2600 SKYMARK AVENUE MISSISSAUGA, ON, L4W 5B2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(l), 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: WILLIAM DUMENCU

ARR 25/05 905602 0557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #