

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90231 003 ***150.00

DOCUMENT # F05000006937

1. Entity Name
TSO3 INC.



Principal Place of Business
2505 AV. DALTON
SAINTE-FOY, QUEBEC GIP 365,

Mailing Address
2505 AV. DALTON
SAINTE-FOY, QUEBEC GIP 365,

DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0390335

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 C
NAME CARRIERE, GERMAIN
STREET ADDRESS 168 AV. PORTLAND,
CITY-ST-ZIP VILLE MONT-ROYAL, QUEBEC, H3R 1V1

TITLE PD
NAME VEZINA, JOCELYN
STREET ADDRESS 20, CHEMIN DE L'ERMITAGE
CITY-ST-ZIP LAC BEAUPORT, QUEBEC G0A 2C0,

TITLE VPSD
NAME ROBITAILLE, SIMON
STREET ADDRESS 7417 DU COLIBRI,
CITY-ST-ZIP CHARNY, QUEBEC G6X 3L1,

TITLE T
NAME BOISJOLI, MARC
STREET ADDRESS 219, DES GRANITES,
CITY-ST-ZIP LAC BEAUPORT, QUEBEC G0A 2C0,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

2007-03-31

Date

(418) 651-0003

Daytime Phone #