FOR PROFIT CORPORATION ANNUAL REPORT

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2011 OCT 24 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F10000004684

1. Entity Name
1813540 Ontario Limited Corp

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
191 Caladari Road	191 Caladari Road
Suite, Apt. #, etc.: Unit 2	Suite, Apt. #, etc.: Unit 2
City & State: Concord Ontario	City & State: Concord Ontario
Zip: L4K 4A1 Country: Canada	Zip: L4K4A1 Country: Canada

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Paul G. Schlichte

Street Address (P.O. Box Number is Not Acceptable): ~~2134 Hollywood Boulevard~~

City: Hollywood FL Zip Code: 33020

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25.
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

E-mail Address:
PSchlichte@schlichtelaw.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Anthony Cellucci
STREET ADDRESS	191 Caladari Road, Unit 2
CITY-ST-ZIP	~~Concord, Ontario L4K 4A1~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Admin. Diss. removed & late Fees
NAME	waived due to clerical error by this
STREET ADDRESS	office. 10/24/11
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/24/11--01018--001 **150.00

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$ 10/24

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 10/20/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #