

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 18 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F15196

1. Entity Name
ELKAR HOLDINGS (FLORIDA), INC.



Principal Place of Business
1090 DON MILLS RD. SUITE 600
DON MILLS, ON M3C 3-R6 CA

Mailing Address
1090 DON MILLS RD. SUITE 600
DON MILLS, ON M3C 3-R6 CA

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2056341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKELLEY, JEANNIE
319 NORTH MAGNOLIA AVE.
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name *Skelley Jeannie*

Street Address (P.O. Box Number is Not Acceptable)

1142 Kelton Avenue

City *Oloee*

FL

Zip Code
34761

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 re-registering)

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 DC ☐ Delete
NAME MORTON, PAUL
STREET ADDRESS 1090 DON MILLS RD STE 600
CITY-ST-ZIP DON MILLS., ON M3C 3R6

TITLE VD ☐ Delete
NAME GOLDBERG, LAURENCE
STREET ADDRESS 181 BAT STREET, STE 2500
CITY-ST-ZIP TORONTO., ON m5j2l7

TITLE SD ☐ Delete
NAME GOLDBERG, ELAINE
STREET ADDRESS 1090 DON MILLS ROAD
CITY-ST-ZIP DON MILLS., ON M3C 3R6

TITLE DPTA ☐ Delete
NAME MORTON, HENRY
STREET ADDRESS 1090 DON MILLS RD, STE 600
CITY-ST-ZIP DON MILLS, ON M3C3R6

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900098059479
04/24/07--01010--002 **250.00

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *181 BAY STREET, STE 2500*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
B 4/23/07

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

Date

Daytime Phone #