

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90055 006 ***150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # F22455 1. Entity Name OSHAWA HOLDING CORPORATION					
Principal Place of Business 25 COLVILLE ROAD TORONTO, ONTARIO CA M6M 2Y2,			Mailing Address 25 COLVILLE ROAD TORONTO, ONTARIO CA M6M 2Y2,		
2. Principal Place of Business 5 WOODMERE COURT		3. Mailing Address 5 WOODMERE COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ETOBICOKE, ONTARIO		City & State ETOBICOKE, ONTARIO		4. FEI Number 59-2077462	
Zip M9A 3J1		Country CANADA		Applied For <input type="checkbox"/> Not Applicable	
Zip M9A 3J1		Country CANADA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE, ANTHONY D. JR. 900 E OCEAN BLVD #212B 759 SO. FEDERAL HWY. STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 759 SO. FEDERAL HWY. SUITE 206 City FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRECO, MARIANNA 5 WOODMERE COURT ETOBICOKE, ON m94351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ETOBICOKE, ONTARIO M9A 3J1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRECO, ANTHONY 5 WOODMERE COURT ETOBICOKE, ON m9a351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ETOBICOKE, ONTARIO M9A 3J1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Anthony Greco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jan. 10, 2005 416-241-9151 <small>Date Daytime Phone #</small>		