## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F93000002917

1. Entity Name 2617-6222 QUEBEC INC.



FILED Apr 22, 2008 08:00 AN Secretary of State

Principal Place of Business

C/O PAUL GRATIAS 210 GOLFDALE RD TORONTO, ONTARIO M4N 2B9, Mailing Address

C/O PAUL GRATIAS 210 GOLFDALE RD TORONTO, ONTARIO M4N 2B9,



DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

KLINGBEIL, ROBERT JR. 341 VENICE AVE. WEST VENICE, FL 34285

## DO NOT WRITE IN THIS SPACE

				IN THIS STASE		
	named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title in	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000914974 05/08/08-80075-024 150.00	
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRATIAS, PAUL 210 GOLFDALE ROAD TORONTO, ONTARIO M4N 2B9,		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE MAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2 2008

416-359-5079

Daytime Phone #