

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003388

Entity Name: 2617-0506 QUEBEC INC.

FILED  
Feb 06, 2009  
Secretary of State

## Current Principal Place of Business:

64 BOULEVARD HUOT  
NOTRE DAME D'ILE PERROT  
PQ, CANADA J7V 5V6,

## New Principal Place of Business:

64 RUE HUOT  
NOTRE DAME DE L'ILE PERROT, QC J7V 5V6 CA

## Current Mailing Address:

64 BOULEVARD HUOT  
NOTRE DAME D'ILE PERROT  
PQ, CANADA J7V 5V6,

## New Mailing Address:

64 RUE HUOT  
NOTRE DAME DE L'ILE PERROT, QC J7V 5V6 CA

FEI Number: 98-0143595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRUNTON REGISTERED AGENTS INC.  
4710 NW BOCA RATON BLVD #101  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: ALMEIDA, MARILENE  
Address: 3269 MORNINGSIDE BLVD  
City-St-Zip: PORT ST LUCIE, FL

Title: PM ( ) Delete  
Name: ALMEIDA, MARIA-ARILENE  
Address: 3269 MORNINGSIDE BLVD  
City-St-Zip: PORT ST. LUCIE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: ALMEIDA, MARILENE  
Address: 3269 MORNINGSIDE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: PM (X) Change ( ) Addition  
Name: ALMEIDA, MARIA-ARILENE  
Address: 3269 MORNINGSIDE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: P ( ) Change (X) Addition  
Name: CROOKS, KIPLING MR.  
Address: 64 RUE HUOT  
City-St-Zip: NOTRE DAME DE L'ILE PERROT, QC J7V 5V6 CD

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIPLING CROOKS

MR.

02/06/2009

Electronic Signature of Signing Officer or Director

Date