01/30/2004 12:24 3059659638 GREEN KAHN

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90048 034 ***150.00

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1. Entity Name
572180 ONTARIO INC.

Principal Place of Business	Mailing Address
317 -71ST STREET MIAMI BEACH, FL 33141	317 -71ST STREET ~~666 71 ST~~ MIAMI BEACH, FL 33141

20764 WEST DIXIE HWY.
AVENTURA, FL 33180-1146

01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0078157
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL ESQ
317 -71ST STREET
MIAMI BEACH, FL 33141

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, SAM
STREET ADDRESS	170 THE BRIDLE PATH
CITY-ST-ZIP	DON MILLS ONTARIO M3B2A2,
TITLE	DS
NAME	BROWN, MELVIN
STREET ADDRESS	12 OXBOW RD.
CITY-ST-ZIP	DON MILLS ONTARIO M3B2A2,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 asterisk with all other like empowered.

SIGNATURE: [signature] ☐ 2/6/04 305-931-3844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SAM BROWN