

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000001107

1. Entity Name
CINITEL U.S. PROPERTIES, INC.



Principal Place of Business
1090 DON MILLS ROAD, STE 600
DON MILLS, ON M3C 3-R6 CA

Mailing Address
1090 DON MILLS ROAD, STE 600
DON MILLS, ON M3C 3-R6 CA



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0115501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKELLEY, JEANNIE
1142 KELTON AVENUE
OCOE, FL 34761

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME	MORTON, PAUL
STREET ADDRESS	1090 DON MILLS ROAD, STE 600
CITY-ST-ZIP	DON MILLS,, ON M3C 3R6
TITLE	DP
NAME	MORTON, HENRY
STREET ADDRESS	1090 DON MILLS ROAD, STE 600
CITY-ST-ZIP	DON MILLS,, ON M3C 3R6
TITLE	VP
NAME	ACHESON, JOCELYN
STREET ADDRESS	1090 DON MILLS ROAD STE 600
CITY-ST-ZIP	TORONTO, ON M3C 3R6
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000839953
03/06/08-80029-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/21/08