2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000000215

1. Entity Name
KING STREET WEST INVESTMENTS LIMITED, INC.

Principal Place of Business	Mailing Address
163 KING STREET WEST KINGSTON,, ON K7L 2-W6 CA	163 KING STREET WEST KINGSTON,, ON K7L 2-W6 CA

02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0158004
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEYLIE, WALLACE J
350 GULF BLVD.
INDIAN ROCKS BEACH, FL 34635

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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 _____
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, 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	PC
NAME	CUFFARI, CHARLES
STREET ADDRESS	163 KING STREET WEST,
CITY-ST-ZIP	KINGSTON, ON K7L 2W6
TITLE	V
NAME	CUFFARI, NANCY
STREET ADDRESS	163 KING STREET WEST, KINGSTON, ONTARIO
CITY-ST-ZIP	KINGSTON, ON K7L 2W6
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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02/19/04-80056-021 150.00

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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 address, with all other like empowered.

SIGNATURE: Charles Cuffari CHARLES CUFFARI Feb 12/04 613-384-0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #