## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **FILED** Apr 14, 2008 8:00 am Secretary of State

1. Entity Nam	ne	# F96000000				04-14-2008	3 90026 0	22 ***15	8.75		
Principal Plac 4444 STE CA WESTMOUNT	ATHERINE WE		Mailing Address 4444 STE CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA, H3ZR2			400°	 I (8/18 8/18/ 88/// 88// 8	EIM BEIN EEN EE		<b>  1</b>	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04012008	Chg-P	CR2E0	34 (12/06)		
City & State			City & State		4. FEI Numbi 98-016				oplied For ot Applicable		
Zip	p Country		Zip	Coun	itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	t Registered Agent		Name	7. Name and	Address of New	Registered A	\gent		
COBB. TH	OMAS C				Name						
COBB, THOMAS C 825 BRICKELL BAY DRIVE SUITE 1648					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL		20		3841			AVE. S	TE 3	05		
					City MIAMI FL 33/37						
	named entity tions of registe		or the purpose of changing its	register	ed office or reg	istered agent, or bo	th, in the State of F	lorida. I am 1	amiliar with,	and accept	
SIGNATURE	Signature, typed o	or printed name of registered agen	t and title if applicable. (NOT	E: Registere	d Agent signature rec	quired when reinstating)		DATE		<del></del>	
		FEE IS \$150.00 B Fee will be \$550.	9. Election Campa Trust Fund Con	_	· –	\$5.00 May Be Added to Fees					
After Ma	ay 1, 2008		.00 Trust Fund Con	tribution.		Added to Fees	CHANGES TO OF	FICERS AND			
After Ma	DCPS	OFFICERS AND	.00 Trust Fund Con	11.		Added to Fees	CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11	
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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.

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APRIL 3/08

514 938 1050 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MURRAY DALFEN Date