FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000382 1. Entity Name

CHALJET 1021 HOLDINGS INC.

02 MAY 31 AM 10: 59

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	VVM	

2. Principal Place of Business 5535 NW 15TH AVENUE 3. Mailing Address 2085 HURONTARIO STREET Suite, Apt. #, etc. Suite, Apt. #, etc. HANGAR 68 City & State City & State

MISSISSAUGA,

of March

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

FORT LAUDERDALE, FLORIDA Country 33309

U.S.A. L5A 4G1 ONTARIO Country CANADA

5. Certificate of Status Desired

7. Name and Address of Current Registered Agent

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable.

Name BARRY ELLIS Street Address (P.O. Box Number is Not Acceptable) 5535 NW 15TH AVENUE, HANGAR 68 FT. LAUDERDALE EXECUTIVE AIRPORT

4. FEI Number

65-0744620

FORT LAUDERDALE

(NOTE: Registered Agent signature required when reinstating)

333369

DATE

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

SIGNATURE

STREET ADDRESS

C/TY - ST- 7IP

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST-ZIP

January 1: May 14 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) OFFICERS AND DIRECTORS 11. TITLE DVP SHARLENE BRENKUS NAME

Make Check Payable to Department of State

100005765311 -06/13/02--01034--016 Ste. 260, 800 W. Cypress Creek Road ***1200.00 Ft. Lauderdale, Florida, 33309

BARRY ELLIS STREET ADDRESS CITY-ST-ZIP

5535 NW 15TH AVENUE

FORT LAUDERDALE, FLORIDA, 33304

RAYMOND F. VANASSE

2085 HURONTARIO STREET, #200

MISSISSAUGA, ONTARIO, CANADA, L5A4G1

TITLE NAME STREET ADDRESS CITY-ST-ZIP .ήτι F

STREET ADDRESS

CITY-ST-ZIP %

NAME

DO NOT WRITE

IN THIS SPACE

NAME STREET ADDRESS CITY-ST-7IP TITLE

NAME STREET ADDRESS CITY: ST-ZIP

TÎTLE NAME. STREET ADDRESS CITY ST ZIP

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 11 or on an attachment with an address, with all other like empowered.

CICMATUDE RAYMOND F. VANÁSSE

MAY 1, 02 (905) 803-8898