

FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 31
02 MAY 31 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000000383**
1. Entity Name
CHALJET 1038 HOLDINGS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5535 NW 15TH AVENUE Suite, Apt. #, etc. HANGAR 68 City & State FORT LAUDERDALE, FLORIDA		3. Mailing Address 2085 HURONTARIO STREET Suite, Apt. #, etc. #200 City & State MISSISSAUGA, ONTARIO	
Zip 33304	Country U.S.A.	Zip L5A4G1	Country CANADA

4. FEI Number 65-0744610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name BARRY ELLIS	
Street Address (P.O. Box Number is Not Acceptable) 5535 NW 15TH AVENUE	
Hangar 68	
City FORT LAUDERDALE	Zip Code FL 33304

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SHARLENE BRENKUS Ste. 260, 800 W. Cypress Creek Road Ft. Lauderdale, Florida 33309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300005765323--7 -06/13/02--01034--016 ***1200.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARRY ELLIS 5535 NW 15TH AVENUE FORT LAUDERDALE, FLORIDA, 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAYMOND F. VANASSE 2085 HURONTARIO STREET, #200 MISSISSAUGA, ONTARIO, CANADA, L5A4G1	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE **RAYMOND F. VANASSE**