

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H08863

1. Entity Name
LANTERN WALK, INC.



Principal Place of Business
**3530 MYSTIC POINT DR
APT 1515
AVENTURA, FL 33180 US**

Mailing Address
**1550 DE MAISONNEUVE WEST,
SUITE 920
MONTREAL, QC H3G 1-N2**



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2421087

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPRITZER, MICHAEL
9655 S DIXIE HIGHWAY 3RD FLOOR
MIAMI, FL 33156**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	RAYMER, SUSAN
STREET ADDRESS	1550 DE MAISONNEUVE BOULEVARD, SUITE 920
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA, h3g 1n2

TITLE	ST
NAME	RAYMER, SUSAN
STREET ADDRESS	1550 DE MAISONNEUVE BOULEVARD WEST, #920
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA, h3g 1n2

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN RAYMER

July 10, 2006 (514) 938-5583

Date

Daytime Phone #