2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT PHY 6324 ITED

1. Entity Name HARONITIS & ASSOCIATES, INC.

Principal Place of Business

C/O DEPT. OF FINANCE AND CORP. ADMIN. 163 IDEMA ROAD L3R 1A9 MARKHAM, ONTARIO, CANADA,

Mailing Address

C/O DEPT. OF FINANCE AND CORP. ADMIN. 163 IDEMA ROAD L3R 1A9 MARKHAM, ONTARIO, CANADA,

FILED

05 JUL 11 AM 8: 22

SECKETARY OF STATE TALLAHASSEE, FLORIDA



07062005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2566053

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

COLON, EDUARDO N 10031 PINES BLVD. **SUITE 238** PEMBROKE PINES, FL 33024

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)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution.

500057478405 \$5.00 may (\$\overline{9}\); 14/05--01070--001 **163.75

OFFICERS AND DIRECTORS 10. PD TITLE HARONITIS, NIKOS S NAME STREET ADDRESS 521 RUNNYMEDE ROAD CITY-ST-ZIP TORONTO, CANADA, TI7LE NAME HARONITIS, NIKOS S **521 RUNNYMEDE ROAD** STREET ADDRESS CITY-ST-ZIP TORONTO, CANADA, TITLE HARONITIS, EMMANUEL NAME **521 RUNNYMEDE ROAD** STREET ADDRESS CITY-ST-ZIP TORONTO, CANADA, TITLE MAGNUSON, HENRY A NAME STREET ADDRESS 14 OAKWOOD ROAD CAPE ELIZABETH, ME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

IN THUS SPACE

Ric. via Course 7/11.

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: -

NAME STREET ADDRESS

KOS.S. HARONITIS JUL

HARONITIS & ASSOCIATES LIMITED





Z W 3

July 8, 2005

VIA COURIER

"PERSONAL AND CONFIDENTIAL"
Florida Department of State
Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida
U.S.A. 32399

Att'n: Ms Michelle Milligan

Ref:

HARONITIS & ASSOCIATES INC.

ANNUAL (2005) REPORT

Dear Ms Milligan:

BASED ON A RECENT TELEPHONE CONVERSATION WITH MS ANNETTE RAMSEY OF FLORIDA, DEPARTMENT OF STATE, PLEASE FIND ATTACHED HEREBY THE FOLLOWING;

- I. DULY EXECUTED AND SIGNED FORM/DOCUMENT NO. H70321. (FOR HARONITIS & ASSOCIATES <u>INC.</u>).
- II. OUR CHEQUE FOR THE AMOUNT OF \$163.75
- III. THE RECENTLY RECEIVED NOTICE (DATED 06/30/2005).

Florida Department of State

Att'n: Ms Michelle Milligan

July 8, 2005



AS I INDICATED TO MS RAMSEY, WE NEVER RECEIVED AN EARLIER NOTICE (THIS IS THE ONLY NOTICE RECEIVED).

- 2 -

BASED ON THE ABOVE AND THE FACT THAT, WE HAVE AN EXCELLENT AND CLEAN RECORD, WE KINDLY REQUEST THAT, YOU PROCESS OUR APPLICATION.

IF, FOR ANY REASON, YOU REQUIRE ADDITIONAL INFORMATION OR CLARIFICATION REGARDING THIS MATTER, PLEASE CALL ME (COLLECT) AT 905-474-0800 OR FAX ME AT 905-474-9394.

Yours very truly,

HARONITIS & ASSOCIATES LIMITED

Nikos S. Haronitis, Member-IEEE President/Director of Operations

NSH:st Encls.