

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H79090

1. Entity Name  
MAOF, INC.



FILED

04 FEB 16 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

BROAD & CASSEL  
7777 GLADES RD. #300  
BOCA RATON, FL 33434 US

Mailing Address

BROAD & CASSEL  
7777 GLADES RD. #300  
BOCA RATON, FL 33434 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2639391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEUTCH, JEFFREY  
BROAD & CASSEL  
7777 GLADES RD. #300  
BOCA RATON, FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME POMERANTZ, ALICE  
STREET ADDRESS 8600 DECARIE BLVD, SUITE 200  
CITY-ST-ZIP MOUNT ROYAL, QC

TITLE ☐ Change ☐ Addition  
NAME 900028960599  
STREET ADDRESS 02/18/04--01005--001 \*\*5000.00  
CITY-ST-ZIP

TITLE TVD ☐ Delete  
NAME GATTINGER, FRANKLIN J.  
STREET ADDRESS 8600 DECARIE BLVD, SUITE 200  
CITY-ST-ZIP MOUNT ROYAL, QC

TITLE ☒ Change ☐ Addition  
NAME TV  
STREET ADDRESS GATTINGER, FRANKLIN J.  
CITY-ST-ZIP 8600 DECARIE BLVD, SUITE 200  
MOUNT ROYAL, QC, CANADA

TITLE ASD ☐ Delete  
NAME ESPOSITO, RAPHAEL JR  
STREET ADDRESS 8600 DECARIE BLVD STE 200  
CITY-ST-ZIP MT ROYAL, QC, CANADA

TITLE ☒ Change ☐ Addition  
NAME AS  
STREET ADDRESS ESPOSITO, RAPHAEL JR  
CITY-ST-ZIP 8600 DECARIE BLVD, SUITE 200  
MOUNT ROYAL, QC, CANADA

TITLE CEO ☐ Delete  
NAME POMERANTZ, TERRY  
STREET ADDRESS 8600 DECARIE BLVD STE 200  
CITY-ST-ZIP MT ROYAL, QC, CANADA

TITLE ☒ Change ☐ Addition  
NAME CEO  
STREET ADDRESS POMERANTZ, TERRY  
CITY-ST-ZIP 8600 DECARIE BLVD, SUITE 200  
MOUNT ROYAL, QC, CANADA

TITLE S ☐ Delete  
NAME POMERANTZ, TERRY  
STREET ADDRESS 8600 DECARIE BLVD STE 200  
CITY-ST-ZIP MT ROYAL, QC, CANADA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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:

R. Esposito

04.01.24

514-341-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #