

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J34122

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** JEFECO ENTERPRISES HOLDINGS, INC.

**Current Principal Place of Business:**

C/O PETER T. HOFSTRA  
8640 SEMINOLE BLVD.  
SEMINOLE, FL 34642

**New Principal Place of Business:**

**Current Mailing Address:**

610 BULLOCK DRIVE  
SUITE 914  
MARKHAM, ON L3R 0G1

**New Mailing Address:**

**FEI Number:** 59-2794359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFSTRA, PETER T  
8640 SEMINOLE BLVD.  
SEMINOLE, FL 34642 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ELDER, JEFFREY  
Address: 192 HAROLD AVENUE  
City-St-Zip: STOUFFVILLE, ONTARIO, CANADA,

Title: STD  
Name: ELDER, CHARLES  
Address: 192 HAROLD AVENUE  
City-St-Zip: STOUFFVILLE, ONTARIO, CANADA,

Title: AS  
Name: HOFSTRA, PETER  
Address: 8640 SEMINOLE BLVD  
City-St-Zip: SEMINOLE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES ELDER

STD

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date