

DOCUMENT # J82636



FILED

05 MAR 30 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

01102005 Chq-P CR2E034 (10/03)

4. FEI Number 65-0035817	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 A
7777 GLADES RD
STE 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, 2005 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
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TITLE	PD	<input type="checkbox"/> Delete
NAME	POMERANTZ, ALICE	
STREET ADDRESS	8600 DECARIE BLVD., SUITE 200	
CITY-ST-ZIP	TOWN OF MOUNT ROYAL H4P 2N2 QC	

TITLE	TV	<input type="checkbox"/> Delete
NAME	GATTINGER, FRANKLIN J.	
STREET ADDRESS	8600 DECARIE BLVD., SUITE 200	
CITY-ST-ZIP	TOWN OF MOUNT ROYAL H4P 2N2. QC	

TITLE	AS	 Delete
NAME	ESPOSITO, RAPHAEL JR	
STREET ADDRESS	8600 DECARIE BLVD #200	
CITY - ST - ZIP	MT ROYAL, QC. CANADA.	

TITLE	CEO	<input type="checkbox"/> Delete
NAME	POMERANTZ, TERRY	
STREET ADDRESS	8600 DECARIE BLVD #200	
CITY-ST-ZIP	MT ROYAL, QC. CANADA.	

TITLE	SD	<input type="checkbox"/> Delete
NAME	POMERANTZ, TERRY	
STREET ADDRESS	8600 DECARIE BLVD #200	
CITY-ST-ZIP	MT ROYAL, QC, CANADA,	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600051615466
STREET ADDRESS	04/22/05--01008--003 **5000.00
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Terry Pomerantz

March 21st, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone # _____