

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90184 019 \*\*\*150.00

**DOCUMENT # K47913**

1. Entity Name  
**STOP INVESTMENTS, INC.**



Principal Place of Business  
**C/O E VARELIS**  
**1104 MALLORC DR.**  
**BRADENTON BEACH, FL 34209 US**

Mailing Address  
**C/O AVP ACCOUNTING**  
**215-534 LAWRENCE AVE N**  
**TORONTO ONTARIO, CA M6A12 XX**



2. Principal Place of Business - No P.O. Box #  
**215-534 LAWRENCE AVE N.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**TORONTO - ONTARIO**

City & State

City & State

Zip

**M6A1A2**

Country

**CANADA**

Zip

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0251276**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**VARELIS, SOTIRIOS**  
**1104 MALLORC DR.**  
**BRADENTON, FL 34209**

7. Name and Address of New Registered Agent

Name

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

**1104 MALLORCA DR.**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PST**  
**VARELIS, PHILIPP**  
**215-534 LAWRENCE AVE. W.**  
**TORONTO ON CANADA, m6a1a2**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

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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

JAN. 9, 2007

Date

416-783 2222

Daytime Phone #