


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # K54960	
1. Entity Name GLENFAIR OCEAN PROPERTIES LIMITED, INC.	

Principal Place of Business 25 WHITE AVE WEST HILL, ONTARIO, M1C-1P1, CA	Mailing Address 25 WHITE AVE WEST HILL, ONTARIO, M1C-1P1, CA
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01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2160755	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRYOR, MARION J CPA 140 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176

**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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATAUDELLA, UMBERTO 25 WHITE AVE. WEST HILL ON CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CATAUDELLA, MARIA 25 WHITE AVE. WEST HILL ON CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATAUDELLA, BEN 25 CHALLENGER CT. WEST HILL ONT, CAN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/20/04-80032-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Umberto Cataudella UMBERTO CATAUDELLA JAN. 12-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #