


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90082 007 \*\*\*150.00

<b>DOCUMENT # K95708</b>			
1. Entity Name <b>CANDLEABRA INVESTMENTS (FLORIDA) INC.</b>			
Principal Place of Business <b>8 ERICA ROAD THORNHILL ONT, L4J2 XX</b>		Mailing Address <b>8 ERICA ROAD THORNHILL ONTARIO CANADA L4J2G1, XX</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip <b>L4J 2G1</b>	Country	Zip <b>L4J 2G1</b>	Country



04142005 Chg-P CR2E034 (10/03)

4. FEI Number  
**98-0103472**

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	
<b>MONCHICK, MICHAEL J. SUITE A, BIG OAK PROFESSIONAL BLDG. 1803 SOUTH AUSTRALIAN AVE. WEST PALM BEACH, FL 33409</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> 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 \_\_\_\_\_ (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	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKINS, ANN E.</b>	NAME	
STREET ADDRESS	<b>8 CHESHIRE PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND HILL ONTARIO, L4C6G5</b>	CITY-ST-ZIP	
TITLE	<b>DPT</b> <input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAHAVY, PAMELA</b>	NAME	<b>PAMELA ZAHAVY</b>
STREET ADDRESS	<b>8 ERICA ROAD</b>	STREET ADDRESS	<b>8 ERICA RD.</b>
CITY-ST-ZIP	<b>THORNHILL ONTARIO, L4J2G1</b>	CITY-ST-ZIP	<b>THORNHILL, ONTARIO, L4J2G1 CANADA</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>SECRETARY/TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>RENEE BLACKSTIEN</b>
STREET ADDRESS		STREET ADDRESS	<b>17 ROSEMARY LANE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TORONTO, ONTARIO, M5P 3E7 CANADA</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>VICE - PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>SHERYL RICHMOND</b>
STREET ADDRESS		STREET ADDRESS	<b>2320 SOUTH SHEPPARD RD.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>NELSON, BRITISH COLUMBIA, V1L2J3 CANADA</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**  **PAMELA ZAHAVY - PRESIDENT** **APR. 28. 05** **905-764-7749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #