

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/25/2004-90013-006-\$150.00-\$150.00

04 MAR 17 AM 8:34

STATE
FBI

DOCUMENT # L04153

1. Entity Name
CYTFLO HOLDINGS, INC.



Principal Place of Business
11 NORTHCOTE ROAD
HAMPSTEAD QUEBEC, CA h3x-1p6 CA

Mailing Address
3449 AVENUE DU MUSEE
MONTREAL QUEBEC, CA h3g-2c8 CA



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0130880

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (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. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CYTRYNBAUM, DAVID
STREET ADDRESS	11 NORTHCOTE ROAD
CITY-ST-ZIP	HAMPSTEAD QUEBEC, CA h3x 1p6
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: David Cytrynbaum
DIRECTOR

Date _____ Daytime Phone # _____

504-642-4931