


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90069 046 ***150.00

DOCUMENT # L15919 1. Entity Name MONT-SUDS, INC.	
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Principal Place of Business 425 PLACE JACQUES CARTIER SUITE 400 MONMREALCA, QU H2Y- -B1	Mailing Address 425 PLACE JACQUES CARTIER SUITE 400 MONTREALCA, QU H2Y- -B1
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94067872



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0111249	Applied For 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

ALLEN, LOUISE J.
150 WEST FLAGLER ST.
2200 MUSEUM TOWER
MIAMI, FL 33130

**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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WOLFE, HARVEY 298-B ABERDEEN WESTMONT, QUEBEC CAN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAPIRO, BARRY H. (ASST) 777 UPPER LANSLOWNE WESTMONT, QUEBEC, CAN.
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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: HARVEY WOLFE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004-04-22 (514) 861-1001

Date

Daytime Phone #