

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L31766

Entity Name: QUECAN-B, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

425 PLACE JACQUES CARTIER, #400
MONTREAL QUEBEC H2Y3B1
CANADA, XX

Current Mailing Address:

425 PLACE JACQUES CARTIER, #400
MONTREAL QUEBEC H2Y3B1
CANADA, XX

New Principal Place of Business:

425 PLACE JACQUES CARTIER, #400
MONTREAL QUEBEC H2Y3B1
MONTREAL, QU H2Y3B1 XX

New Mailing Address:

425 PLACE JACQUES CARTIER, #400
MONTREAL QUEBEC H2Y3B1
MONTREAL, QU H2Y3B1 XX

FEI Number: 98-0109077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M & W AGENTS, INC.
ONE DATRAN CENTER PHI
9100 S DADELAND BLVD
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAPIRO, MARK,
Address: 425 PL JACQUES CARTIER
City-St-Zip: MONTREAL, QUEBEC, CAN,

Title: DV () Delete
Name: BROWSTEIN, MORTY,
Address: 425 PL JACQUES CARTIER
City-St-Zip: MONTREAL, QUEBEC, CAN,

Title: DST () Delete
Name: WOLFE, HARVEY,
Address: 425 PL JACQUES CARTIER
City-St-Zip: MONTREAL, QUEBEC, CAN,

Title: AS () Delete
Name: SHAPIRO, BARRY H.,
Address: 800 PLACE VICTORIA #4700
City-St-Zip: MONTREAL, QUEBEC, CAN,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY WOLFE

DP

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date