

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L33484

1. Entity Name
MPI GROUP (FLORIDA) INC.



Principal Place of Business

**11 CHURCH ST.SUITE 200
TORONTO ONTARIO M5E1W1
CANADA, XX**

Mailing Address

**11 CHURCH ST.SUITE 200
TORONTO ONTARIO M5E1W1
CANADA, XX**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0113221

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, RALPH SR.
6003 RIVERSIDE DR.
YANKEETOWN, FL 34498**

**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, 2005 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
**VPD
YAZDI, BHARUCHA
11 CHURCH ST STE 200
TORONTO, ONTARIO, CA m5e 1w1**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
JACOBSON, RUSSELL
11 CHURCH ST. STE. 200
TORONTO, ONTARIO, CA m5e 1w1**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
POWERS, THOMAS E
11 CHURCH ST STE 200
TORONTO, ON m5e 1w1**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
STEIN, MICHAEL
11 CHURCH STREET, STE 200
TORONTO, ON m5e 1w1**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPSD
STEIN, MICHAEL
11 CHURCH STREET, STE 200
TOTONTO, ON m5e 1w1**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1100000345150
04/30/05-80026-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell Jacobson

04/27/05

(416) 861-5753