2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 08:00 AM DOCUMENT # L96766 **Secretary of State** CANFLOR INVESTMENT CORP. Principal Place of Business Mailing Address 9999 COLLINS AVE 4060 ST CATHERINE W SUITE 750 APT. 19 H **MONTREAL QUEBEC** BAL HARBOUR, FL 33154 CANADA H3-Z2Z3. 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0405710 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KLINE, ARTHUR J DO NOT WRITE 2665 BAYSHORE DRIVE SUITE 13 IN THIS SPACE COCONUT GROVE, FL 33133 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000601190 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS TITLE WILDSTEIN, LEON NAME STREET ADDRESS 9999 COLLINS AVE. CITY-ST-ZIP BAL HARBOUR, FL TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trusted 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

1AN.16.2057

<u>514432-7733</u>

FILED