

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000030268

Entity Name: MYOP PROPERTIES INC.

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4550 CIRCLE ROAD  
MONTREAL, QUEBEC, CANADA, QC H3W1Y7

## **New Principal Place of Business:**

3555 COTE DES NEIGES  
SUITE # 715  
MONTREAL, QUEBEC, CANADA, QC H3H1V2

## **Current Mailing Address:**

4550 CIRCLE ROAD  
MONTREAL, QUEBEC, CANADA, QC H3W1Y7

## **New Mailing Address:**

3555 COTE DES NEIGES  
SUITE # 715  
MONTREAL, QUEBEC, CANADA, QC H3H1V2

FEI Number: 52-2311310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LIPPMAN, KAREN  
14000 MILITARY TRAIL  
SUITE # 112  
DELRAY BEACH, FL 33484 US

## **Name and Address of New Registered Agent:**

LIPPMAN, KAREN  
2801 NORTH UNIVERSITY DRIVE  
SUITE # 204  
CORAL SPRINGS, FL 33065 US

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:

02/22/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: DALFEN, LAYNE  
Address: 3555 COTE DES NEIGES, SUITE 715  
City-St-Zip: MONTREAL, QUEBEC, CANADA, QC H3H1V2

I hereby 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 all other like empowered.

SIGNATURE: LAYNE DALFEN

PRES

02/22/2011

Electronic Signature of Signing Officer or Director

Date