

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P01000030376

1. Entity Name
BUYER'S NETWORK U.S. INC.



Principal Place of Business
6482 LINDSAY CRESCENT
NIAGARA FALLS, ONTARIO
CANADA, L2G 5E5,

Mailing Address
6482 LINDSAY CRESCENT
NIAGARA FALLS, ONTARIO
CANADA, L2G 5E5,



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0558832

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CUPOLO, STEVEN
890 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RICHARDSON, KATHY L
STREET ADDRESS 6482 LINDSAY CRESCENT, NIAGARA FALLS
CITY-ST-ZIP ONTARIO, CANADA L2G5E5,

TITLE D
NAME GRANT, JONAH
STREET ADDRESS 6482 LINDSAY CRESCENT, NIAGARA FALLS
CITY-ST-ZIP ONTARIO, CANADA L2G5E5,

TITLE D
NAME CUPOLO, STEVEN
STREET ADDRESS 890 A1A BEACH BLVD
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/23/08-90038-019 150.00

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 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:

Kathy Richardson (KATHY RICHARDSON)

April 4/2008 905-357-4912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #