

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081021

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: PARFORE PUB CONCEPTS, INC.

## Current Principal Place of Business:

5920 BISHOP STREET  
LASALLE ONTARIO CANADA, N9H 2K5

## New Principal Place of Business:

5920 BISHOP STREET  
LASALLE CANADA, ON N9H 2K5

## Current Mailing Address:

5920 BISHOP STREET  
LASALLE ONTARIO CANADA, N9H 2K5

## New Mailing Address:

5920 BISHOP STREET  
LASALLE CANADA, ON N9H 2K5

FEI Number: 65-1145166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RYAN, CHRISTOPHER  
803 UNIVERSITY BLVD.  
# 810  
JUPITER, FL 33458 US

## Name and Address of New Registered Agent:

RYAN, CHRISTOPHER  
143 FARMINGDALE DRIVE  
JUPITER, FL 33458 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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RYAN, CHRISTOPHER P  
Address: 5920 BISHOP STREET  
City-St-Zip: LASALLE N9H2K5, ONTARIO, CA

Title: S ( ) Delete  
Name: RYAN, VANESSA LYDIA  
Address: 5920 BISHOP STREET  
City-St-Zip: LASALLE N9H2K5, ONTARIO, CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHRISTOPHER RYAN

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date