2005 FOR PROFIT CORPORATION

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

CR2E034 (10/03)

ANN	IUAL REPORT	. <u> </u>		
DOCUMENT # P0300	00060996			
CAN-AM BUSINESS INVEST	MENT, INC.			
P incipal Place of Business	Mailing Address			
118 NORTH FEDERAL HWY	118 NORTH FEDERAL HWY			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DANIA, FL 33004

Applied For 4. FEI Number 65-0312739 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

GRENIER, GILLES 118 NORTH FEDERAL HWY DANIA, FL 33004

DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

No Chg-P

04052005

			-		
	named entity submits this statement for the pilons of registered agent.	urpose of changing its registered	office or re	gistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept
SIGNATURE.		A CONTRACT OF THE ASSESSMENT	<u> </u>	4 to 1	
	Signature, typed or primed name of registered agent and title li	applicable. (NOTE: Registered Ag	gent signature r	equired when reinstating)	DAYE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME SYREET ADDRESS CITY-ST-ZIP	DP GRENIER, GILLES 118 NORTH FEDERAL HWY DANIA, FL 33004	- 		Number -	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,			04708705-80054-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this fil	ng does not qualify for the exemp	tion 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 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.

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR