

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90013 005 ***150.00

DOCUMENT # P04000131144

1. Entity Name
CANADA MEDS USA, INC.



Principal Place of Business
3222 17TH ST.
2A
SARASOTA, FL 34234

Mailing Address
8220 WATERVIEW BLVD.
LAKEWOOD RANCH, FL 34202

30003007



2. Principal Place of Business

3. Mailing Address

3222 17th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Zip

Country

Zip

Country

34235

34235

07262005

Chg-P

CR2E034 (10/03)

4. FEI Number

61 1476517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIN, DIANNE
8220 WATERVIEW BLVD.
LAKEWOOD RANCH, FL 34202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, ELAINE	
STREET ADDRESS	1027 MARLIN LAKES CIRCLE, #1312	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRIN, HAL	
STREET ADDRESS	8220 WATERVIEW BLVD.	
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	BRIN, DIANNE	
STREET ADDRESS	8220 WATERVIEW BLVD	
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202	
TITLE	TREA	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, ELAINE	
STREET ADDRESS	1027 MARLIN LAKES CIRCLE, #1312	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIN, HAL	
STREET ADDRESS	8220 Waterview Blvd	
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202	
TITLE	BRIN, DIANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIN, DIANNE	
STREET ADDRESS	8220 Waterview Blvd	
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIN, Hal	
STREET ADDRESS	8220 Waterview Blvd	
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIN, DIANNE	
STREET ADDRESS	8220 Waterview Blvd	
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

WITNESSE:
Dianne Brin