

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90001 026 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000150663</b> 1. Entity Name <b>FINER SPACE (SAN JOSE CLASS A) CORPORATION</b>					
Principal Place of Business <b>200 JAMES STREET SOUTH, SUITE 202</b> <b>HAMILTON ONTARIO CANADA</b> <b>L89 389, XX</b>		Mailing Address <b>200 JAMES STREET SOUTH, SUITE 202</b> <b>HAMILTON ONTARIO CANADA</b> <b>L89 389, XX</b>			
2. Principal Place of Business <b>200 JAMES STREET SOUTH</b> Suite, Apt. #, etc. <b>SUITE 202</b>		3. Mailing Address <b>215 NORTH EOLA DRIVE</b> Suite, Apt. #, etc.			
City & State <b>HAMILTON, ONTARIO</b> Zip <b>L8P - 3A9</b>		City & State <b>ORLANDO, FLORIDA</b> Zip <b>32801</b>		4. FEI Number <b>20-1842778</b>	
Country <b>CANADA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>O'KANE, MATTHEW R</b> <b>215 NORTH EOLA DRIVE</b> <b>ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNETT, MARVIN</b> <b>200 JAMES STREET SOUTH SUITE 202</b> <b>HAMILTON ONTARIO L8P 3A9,</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <span style="float: right;">Date: <b>May 20/05</b> Daytime Phone: <b>905 502-3357 x234</b></span>					
<b>MARVIN BARNETT, DIRECTOR</b>					