2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 22, 2012
Secretary of State

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Entity Name: GPRA COMMERCIAL ENTERPRISES, INC.

Current Principal Place of Business:

901 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

455 MAGNA DRIVE
SECOND FLOOR
AURORA, ON L4G 7A9 CA

New Mailing Address:

FEI Number: 47-0956156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V
Name: STRACHAN, LYLE
Address: 455 MAGNA DRIVE
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: P
Name: ROGERS, MIKE
Address: 455 MAGNA DRIVE
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: T
Name: COLEMAN, ANGIE
Address: 901 S. FEDERAL HIGHWAY
City-St-Zip: HALLANDALE, FL 33009 US

Title: D
Name: STRONACH, BELINDA
Address: 455 MAGNA DRIVE
City-St-Zip: AURORA, ON L4G 7A9 CA

Title: COO
Name: RITVO, TIM
Address: 901 S. FEDERAL HIGHWAY
City-St-Zip: HALLANDALE, FL 33009 US

Title: DCEO
Name: OSSIP, ALON
Address: 455 MAGNA DRIVE
City-St-Zip: AURORA, ON L4G 7A9 CA

I hereby 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 all other like empowered.

SIGNATURE: /S/ALON OSSIP CEO 10/22/2012

Electronic Signature of Signing Officer or Director — Date