2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90210 006 ***150.00

DOCUMENT # P15804

1. Entity Name
152940 CANADA INC.

Principal Place of Business	Mailing Address
17094 COLLINS AVENUE	17094 COLLINS AVENUE
C/O VISTAVIEW APT. LTD	C/O VISTAVIEW APT. LTD
MIAMI BEACH FL 33160	MIAMI BEACH FL 33160

□ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 52-1495818 / Applied For / Not Applicable
Zip	Country	Zip	Country	**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
KLINE, ARTHUR J.	Name
2665 S. BAYSHORE DRIVE, S-903	Street Address (P.O. Box Number is Not Acceptable)
COCONUT GROVE FL 33133	
	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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. □ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	□ Delete	TITLE	□ Change □ Addition
NAME TEICH, EMANUEL		NAME	
STREET ADDRESS 5950 CAVENDISH PH-4		STREET ADDRESS	
CITY-ST-ZIP COTE ST. LUC, QUEBEC		CITY-ST-ZIP	
TITLE	□ Delete	TITLE	□ Change □ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	□ Delete	TITLE	□ Change □ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	□ Delete	TITLE	□ Change □ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: SIGNATURE REQUIRED E. TEICH   4/22/03   514 4849701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0271799 AV

CR2E034 (10/02)