

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90054 003 ***150.00

DOCUMENT # P15810

1. Entity Name

152944 CANADA INC.



Principal Place of Business

5435 DE TERREBONNE
SUITE 101
MONTREAL H4A 3R7 PQ
CA

Mailing Address

5435 DE TERREBONNE
SUITE 101
MONTREAL H4A 3R7 PQ
CA

50012798



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

17098 COLLINS AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FLORIDA

City & State

Zip

Country

33160

UNITED STATES

Zip

Country

4. FEI Number

52-1495706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESNIAK, STANLEY
17098 COLLINS AVE
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

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

After May 1, 2005 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

TITLE ASPD ☐ Delete
NAME LESNIAK, ROMAN
STREET ADDRESS 6005 CAVENDISH BLVD PH3
CITY-ST-ZIP COTE ST. LUC, QUEBEC PQ

TITLE VD ☐ Delete
NAME LESNIAK, IRWIN
STREET ADDRESS 6005 CAVENDISH BLVD PH3
CITY-ST-ZIP COTE ST LUC, QUEBEC PQ

TITLE SD ☒ Delete
NAME LESNIAK, GRACE
STREET ADDRESS 6005 CAVENDISH BLVD PH3
CITY-ST-ZIP C.S.L, QUEBEC PQ

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP H4W-3E2

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP H4W-3E2

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE:

Roman Lesniak ROMAN LESNIAK

1-11-2005 514-489-9701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #