

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 13, 2008 08:00 AM
Secretary of State**

DOCUMENT # P92000009499

1. Entity Name
S.D.A. HOLDINGS INC.



Principal Place of Business

**THE PRESIDENTIAL
#617 401 OCEAN DR.
MIAMI, FL 33139**

Mailing Address

**54 RUSSELL HILL RD
TORONTO ONTARIO
CANADA M4V 2T2, XX**



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0394640

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILLILAND, CHRISTINA
401 OCEAN DRIVE
#617
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DEAUER, SIGRID
54 RUSSELL HILL RD
TORONTO, ON M4V 2T2 CANADA,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DEAUER, STEPHEN
54 RUSSELL HILL RD
TORONTO, ON M4V 2T2 CANADA,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DEAUER, TANIA
54 RUSSELL HILL RD.
TORONTO, ON M4V 2T2 CANADA,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
DEAUER, ALEX
35 HIGHVIEW CRESCENT
TORONTO, ON M6H 2Y3 CANADA,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FA
GILLILAND, CHRISTINA
#617 401 OCEAN DRIVE
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000825381
02/21/08-80007-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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