

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051544

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: CETCO INVESTMENTS, INC.

**Current Principal Place of Business:**

18000 N BAY ROAD  
UNIT 803  
MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

450 ST-GEORGES STREET  
UNIT 614  
ST-LAMBERT, QC J4P 3H7

**New Mailing Address:**

FEI Number: 65-0452060      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LABOSSIARE, MARC  
1222 NE 4TH AVE  
FORT LAUDERDALE, FL 33304      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT      ( ) Delete  
Name: FORTIER, ANDRE  
Address: 450 ST-GEORGES APT 614  
City-St-Zip: ST LAMBERT, QC J4P 3H7

Title: V      ( ) Delete  
Name: FRANCOIS, FORTIER  
Address: 450 ST-GEORGES APT. 614  
City-St-Zip: ST-LAMBERT, QC J4P 3H7 CA

Title: S      ( ) Delete  
Name: FORTIER, GUY S  
Address: 450 ST GEORGES APT 614  
City-St-Zip: ST LAMBERT, QC J4P 3H7 CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDRE FORTIER

PT

04/03/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date