## 2005 FOR PROFIT CORPORATION

## **FILED** Apr 25. 2005 08:00 A State

ANNUAL REPORT			Secretary of S				
DOCUMENT # P9400002894 1. Entity Name REBECCA PROPERTIES, INC.	16				Secre	tary or	
4333 STE-CATHERINE QUEST, SUITE 400 MONTREAL, QUEBEC, H3Z 1P9	Mailing Address 4333 STE-CATHERINE QUEST, SUITE 400 MONTREAL, QUEBEC, H3Z 1P9 CANADA, XX					ACER <b>O (</b> 1886 ESE ) I M <b>as</b> e	
DO NOT WRITE IN THIS SPA		CE	04122005 4. FEI Numb 59-332	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable		
5. Name and Address of Current Registered Agent TAYLOR, JOHN FASSETT, ANTHONY & TAYLOR, P.A. 1325 W COLONIAL DRIVE ORLANDO, FL 32804		, ,		NOT W			
8. The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE  Signature typed or provided name of registered agent and tall.		ed office or register		th, in the State of Fl	orida, I am familiar	with, and accept	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			.00 May Be led to Fees				
10. OFFICERS AND DIRE  TITLE D  NAME ATTIAS, JACOB  STREET ADDRESS C/O 4333 STE-CATHERINE QUEST, MONTREAL, QUEBEC, H3Z 1P9, QC  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE	, STE. 400			U00000 04/25/05-	330740 90172-018	150.00	
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP				NOT W IS SIHT		,	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE							

12. Thereby certify that the information supplied with this filling 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 trustge any powered 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:

NAME STREET ADDRESS CITY-ST-ZIP