

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90051 025 ***150.00

DOCUMENT # P96000036557

1. Entity Name
AMCAN FASTENERS, INC.



Principal Place of Business Mailing Address
1350 MARIE-VICTORIN 1350 MARIE-VICTORIN
SAINT-BRUNO QUEBEC, J3V 6B9, CA SAINT-BRUNO QUEBEC, J3V 6B9, CA

40022052

2. Principal Place of Business - No P.O. Box # 3300 2^e RUE
Suite, Apt. #, etc. 3300 2^e RUE
Suite, Apt. #, etc.

City & State ST-HUBERT, QUEBEC, J3Y 8Y7 ST-HUBERT, QUEBEC, J3Y 8Y7
Zip Country Zip Country

01182008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0696233
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IBC FIDUCIARY INC
100 S.E 2ND STREET, SUITE 2222-A
MIAMI, FL 33131

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, 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	PSTD	<input type="checkbox"/> Delete
NAME	CALGARO, JEAN	
STREET ADDRESS	1350 MARIE-VICTORIAN	
CITY-ST-ZIP	SAINT BRUNO QUEBEC, J3V 6B9,	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUTIL, MARCEL	
STREET ADDRESS	99 PAGNUELO	
CITY-ST-ZIP	OUTREMONT, QUEBEC, CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTE, MARIO	
STREET ADDRESS	1014 BERUGANO	
CITY-ST-ZIP	BELOEIL, QUEBEC CANADA,	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESANLIERS, MICHAEL	
STREET ADDRESS	1110 BEAUGRAND	
CITY-ST-ZIP	BELOEIL, QUEBEC CANADA,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE MARIO	
STREET ADDRESS	1014 BEAUGRAND	
CITY-ST-ZIP	BELOEIL, QUEBEC CANADA	CORRECTION
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESAULNIERS, MICHEL	
STREET ADDRESS	1110 BEAUGRAND	
CITY-ST-ZIP	BELOEIL, QUEBEC CANADA	CORRECTION
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JEAN CALGARO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/08 450-441-6011
Date Daytime Phone #