

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000044802

1. Entity Name
NANLAUR INVESTMENTS (FLORIDA), INC.



Principal Place of Business
25 IMPERIAL STREET #500
TORONTO ONTARIO
CANADA M5P 1B9, XX

Mailing Address
25 IMPERIAL STREET #500
TORONTO ONTARIO
CANADA M5P 1B9, XX

FILED

07 APR 30 AM 10: 05

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



04122007 No Chg-P CR2E034 (11/05)

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4. FEI Number
98-0171822

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE MARSTEL CORPORATION
2615 S UNIVERSITY DR
DAVIE, FL 33328

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAURIE, NANCY
STREET ADDRESS 25 IMPERIAL STREET #500
CITY-ST-ZIP TORONTO, ONTARIO, m5p 1b9

TITLE STD
NAME LAURIE, FRANK
STREET ADDRESS 25 IMPERIAL STREET #500
CITY-ST-ZIP TORONTO, ONTARIO, m5p 1b9

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

\$3518

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 APRIL 2007

Date

(416) 483-8018

Daytime Phone #