


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000044808 1. Entity Name P.L. PROPERTIES (FLORIDA), INC.	
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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
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DO NOT WRITE IN THIS SPACE

05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0178500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE MARSTEL CORPORATION
2615 S UNIVERSITY DR
DAVIE, FL 33328

**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 _____ U00000561596
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 05/19/06-80021-002 1350.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

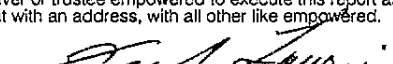
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAURIE, KAREN 25 IMPERIAL STREET #500 TORONTO, ONATRIO, m5p 1b9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LAURIE, FRANK 25 IMPERIAL STREET #500 TORONTO, ONATRIO, m5p 1b9
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  FRANK LAURIE 5/2/06 416 483-8018 x25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #