

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90008 016 ***150.00

DOCUMENT # P96000045492

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



Principal Place of Business
**130 KING STREET WEST, #700
TORONTO ONTARIO MSX12
CANADA, XX MSX-1-2 XX**

Mailing Address
**130 KING STREET WEST, #700
TORONTO ONTARIO MSX12
CANADA, XX MSX-1-2 XX**

40009961



2. Principal Place of Business - No P.O. Box #
130 KING STREET WEST

3. Mailing Address
130 KING STREET WEST

Suite, Apt. #, etc.
SUITE 700

Suite, Apt. #, etc.
SUITE 700

01312007 Chg-P CR2E034 (12/06)

City & State
TORONTO, ONTARIO

City & State
TORONTO, ONTARIO

4. FEI Number
98-0163487

Applied For
Not Applicable

Zip
MSX-1E2

Country
CANADA

Zip
MSX-1E2

Country
CANADA

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SONSHINE, ED
130 KING STREET WEST, SUITE 700
TORONTO, ONTARIO, XX MSX-12** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SONSHINE, FRAN
130 KING STREET WEST, SUITE 700
TORONTO, ONTARIO, MSX-12** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SONSHINE, EDWARD
130 KING STREET WEST, SUITE 700
TORONTO, ONTARIO, CANADA MSX-1E2** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SONSHINE, FRAN
130 KING STREET WEST, SUITE 700
TORONTO, ONTARIO, CANADA MSX-1E2** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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: **EDWARD SONSHINE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 31/07 **(416) 866-3018**
Date Daytime Phone #