

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90084 002 \*\*\*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~~  
*M5X-1E2*

Mailing Address  
130 KING STREET WEST, #700  
TORONTO ONTARIO ~~MSX12~~  
CANADA, ~~XX-MSX-1-2-XX~~  
*M5X-1E2*

40008333



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01112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
98-0163487

Applied For  
Not Applicable

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

**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 \_\_\_\_\_

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 PD  
NAME SONSHINE, EDWARD  
STREET ADDRESS 130 KING STREET WEST, SUITE 700  
CITY - ST - ZIP TORONTO, ONTARIO, ~~XX-MSX-12~~ *M5X-1E2*

TITLE SD  
NAME SONSHINE, FRAN  
STREET ADDRESS 130 KING STREET WEST, SUITE 700  
CITY - ST - ZIP TORONTO, ONTARIO, ~~MSX-12~~ *M5X-1E2*

TITLE  
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**DO NOT WRITE  
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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

JAN 11, 2008

Date

416-866-3018

Daytime Phone #