
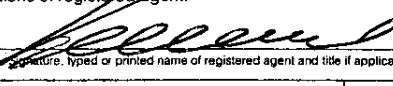



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90218 014 ***150.00

DOCUMENT # P99000021636 1. Entity Name CAN-AM IMMIGRATION SERVICES INC.			
Principal Place of Business 1401 DEWEY STREET HOLLYWOOD, FL 33020		Mailing Address 146 PRINCIPAL STREET WEST MAGOG QC, CA	
2. Principal Place of Business 3223 NW 10TH TERRACE, STE 610 Suite, Apt. #, etc.		3. Mailing Address 3223 NW 10TH TERRACE Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33309		Zip 33309	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-0901124		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 LAMOTHE, FERNAND 1401 DWEY STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name CAN-AM IMMIGRATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 3223 NW 10TH TERRACE, STE 610 C/O RICHARD PARENTEAU SR City FORT LAUDERDALE	
State FL		Zip Code 33309	
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 		Richard Parenteau Sr	
Signature, typed or printed name of registered agent and title if applicable.		DATE April 15, 2004	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS	NAME PARENTEAU, RICHARD JR	TITLE DPS	NAME PARENTEAU, RICHARD SR
STREET ADDRESS 146 PRINCIPAL STREET WEST	CITY-ST-ZIP MAGOG QC CANADA, 33316	STREET ADDRESS 3223 NW 10TH TERRACE, STE 610	CITY-ST-ZIP FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		April 15, 2004	
Signature and typed or printed name of signing officer or director		Date	
Richard Parenteau Sr, President		Daytime Phone #	

04001043



04152004 Chg-P CR2E034 (10/03)

FL

1-800-613-0656