

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S08693

1. Entity Name
H.J.G., INC.



FILED

04 APR -8 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1320 GRAHAM BLVD. #127
MONTREAL, QUEBEC, CANADA H3P- -C8
CA

Mailing Address
1320 GRAHAM BLVD. #127
MONTREAL, QUEBEC, CANADA H3P- -C8
CA

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
98-0113711

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODIN, BERNARD
C/O BERGO INC.
21301 POWERLINE RD., STE 207
BOCA RATON FL 33433

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

D
GODIN, JACQUES
1320 GRAHAM BLVD, SUITE 127
MONTREAL, QUEBEC CANADA h3p- 3c8 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VAST
GODIN, BERNARD
21301 POWERLINE ROAD, SUITE 207
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES GODIN

11 MARS 2004

514-737-3919

Date

Daytime Phone #