

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # \$11026

1. Entity Name BUSCH DEVRIN, INC.



FILED Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

1002 SHERBROOKE ST. W., SUITE 2625

MONTREAL. QUEBEC, H3A 3L6 CANADA, XX Mailing Address

1002 SHERBROOKE ST. W., SUITE 2625 MONTREAL. QUEBEC, H3A 3L6

CANADA, XX



DO	NOT	WRITE	IN	THIS	SPA	CE
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04042007 No Chg-P CR2E034 (11/05)

59-3080531

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

5. Name and Address of Current Registered Agent

1002 SHERBROOKE ST.W., SUITE 2625

MONTREAL, QUEBEC CANADA, h3a 3i6

MAYERS, ALEXANDER 2121 N OCEAN BLVD APT 1007-E BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the plants of registered agent.	ourpose of changing its regi	stered office or r	egistered agent, or both, in the S	ate of Florida. I am familiar with, a	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	r applicable. (NOTE, Reg	istered Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYERS, ALEXANDER 1002 SHERBROOKE ST.W., SUITE 2625 MONTREAL, QUEBEC CANADA, h3a 316					
TITLE NAME	P GARTNER, MICHAEL		1			

U00000699795 04/19/07-80055-024 150.00

DO NOT WRITE IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS

Gorton MICHAEL GARTMEN

1PRIL 4/07

514-845-0241

Daytime Phone #