

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005509

1. Entity Name
NORTH AMERICAN BOUCHERVILLE, INC.



Principal Place of Business
ONE NORTH CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401

Mailing Address
ONE NORTH CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1987626

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIENER, DAVID J ESQ
ONE NORTH CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401

**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 registering)

300032968183

04/16/04--01048--025 **150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PRESTON, JOHN W.S.
STREET ADDRESS ONE NORTH CLEMATIS ST., STE. 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE DVAS
NAME HAMILTON, TOM
STREET ADDRESS ONE NORTH CLEMATIS ST., STE. 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE DVS
NAME GREEN, ROBERT S
STREET ADDRESS 2851 JOHN ST., STE. 1
CITY-ST-ZIP MARKHAM, ONTARIO L3R 5R7 CA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

2/23/04

561-835-1810

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