

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000010801

Entity Name: H5 FLORIDA ENTERPRISES, INC.**Current Principal Place of Business:**8163 ADAM BAKER WAY
METCALFE, ON K0A2P-0**Current Mailing Address:**8163 ADAM BAKER WAY
METCALFE, ON K0A2P-0 CA**FEI Number:** 37-1781519**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name DE BEER, SUSANNA
Address 8163 ADAM BAKER WAY
City-State-Zip: METCALFE ON K0A2P-0

Title VP
Name DE BEER, MARIANNE
Address 8152 ADAM BAKER WAY
City-State-Zip: METCALFE ON K0A2P-0

Title DIR
Name DE BEER, SUSANNA
Address 8163 ADAM BAKER WAY
City-State-Zip: METCALFE ON K0A2P-0

Title VP
Name DE BEER, SUSANNA
Address 8163 ADAM BAKER WAY
City-State-Zip: METCALFE ONTARIO K0A2P-0

Title SEC
Name CARDOSO, ARIEL
Address 111 SOUTHPORT DR.
City-State-Zip: OTTAWA ON K1T3P-5

Title DIR
Name DE BEER, MARIANNE
Address 8152 ADAM BAKER WAY
City-State-Zip: METCALFE ON K0A2P-0

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSANNA DE BEER

PERSIDENT

03/20/2017

Electronic Signature of Signing Officer/Director Detail_____
Date