

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000227

**Entity Name:** MAGNOLIA PARK JACKSONVILLE ENTERPRISES INC.

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC8702464934**

**Current Principal Place of Business:**

4444 STE CATHERINE ST W  
SUITE 100  
WESTMOUNT, QC H3Z 1R2

**Current Mailing Address:**

4444 STE CATHERINE ST W  
SUITE 100  
WESTMOUNT, QC H3Z 1R2 CA

**FEI Number:** 98-1221835

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARGOLIES, MARJORIE ESQ.  
140 N FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432 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 D  
Name DALFEN, MURRAY  
Address 4444 STE CATHERINE ST W  
SUITE 100  
City-State-Zip: WESTMOUNT QC H3Z 1R2

Title SECRETARY, TREASURER  
Name FRED , TKALEC  
Address 4444 STE CATHERINE ST W  
SUITE 100  
City-State-Zip: WESTMOUNT QC H3Z 1R2

*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:** MURRAY DALFEN

**PRESIDENT**

**03/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date