

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000004035

**Entity Name:** EBENISTERIE BEAUBOIS LTEE

**Current Principal Place of Business:**

521 6TH AVENUE  
SAINT-GEORGES, QC G5Y 0-H1

**Current Mailing Address:**

521 6TH AVENUE  
SAINT-GEORGES, QC G5Y 0-H1 CA

**FEI Number:** 98-0168053

**Certificate of Status Desired:** Yes

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

HOCTOR, JAMES J  
215 NORTH EOLA DR  
ORLANDO, FL 32801 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 VP  
Name POMERLEAU, FRANCIS  
Address 20, CRESCENT ROAD  
City-State-Zip: OTTAWA K1M 0N3

Title S  
Name LACOMBE, FRANCOIS  
Address 974 RANG ST-CHARLES  
City-State-Zip: BEAUCEVILLE QC G5X 1-A9

Title P  
Name POMERLEAU, PIERRE  
Address 3262, CEDAR AVENUE  
City-State-Zip: WESTMONT QC H3Y 1-Z5

Title D  
Name ARGUIN, DANIEL  
Address 521 6E AVENUE  
City-State-Zip: SAINT GEORGES QC G5Y-0H1

*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:** FRANCOIS LACOMBE

**SECRETARY**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date