

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000001869**

1. Entity Name  
578788 ONTARIO LIMITED INC.



Principal Place of Business  
45 PRINCE EDWARD BLVD  
THORNHILL, ONTARIO, CA 13t-761

Mailing Address  
45 PRINCE EDWARD BLVD  
THORNHILL, ONTARIO, CA 13t-761



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SILBER, ARTHUR  
1368 N. STATE RD 7  
MARGATE, FL 33063

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000788262

01/30/08 30043 020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SILBER, ARTHUR  
STREET ADDRESS 45 PRINCE EDWARD BLVD  
CITY-ST-ZIP THORNHILL, ONTARIO, CA 13t 761

TITLE DST  
NAME SILBER, RILLA  
STREET ADDRESS 45 PRINCE EDWARD BLVD  
CITY-ST-ZIP THORNHILL, ONTARIO, CA 13t 761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

1/18/08

Date

954-971-9699

Daytime Phone #