

**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:**

INCORP 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, SUSANNA  
Address        8163 ADAM BAKER WAY  
City-State-Zip: METCALFE ONTARIO K0A2P-0

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

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

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

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