


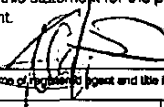
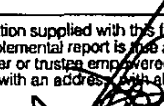
2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-27-2005 90350 017 ***150.00
K94022

FILED

05 MAY 30 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K94022			
1. Entity Name SJ CORAL, INC.			
Principal Place of Business CORAL SQUARE SHOPPING CTR 9417 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071		Mailing Address C/O SAKKIO JAPAN 7650 BIRCHMOUNT ROAD MARKHAM, ON L3R -6B9 CA	
2. Principal Place of Business		3. Mailing Address c/o Sakkio Japan 7650 Birchmount Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Markham, Ontario	
Zip	Country	Zip	Country
		L3R 6B9	Canada
4. FEI Number 65-0128240		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KO, RICHARD 6326 GRAND BAHAMA CIR STE G TAMPA, FL 33615		Name KO, RICHARD Street Address (P.O. Box Number is Not Acceptable) West Oaks Mall 9401 W. Colonial Dr., Ste. 252 City Ocoee FL Zip Code 34761	
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 		Richard Ko April 15, 2005	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIM, DANIEL 37 PAMCREST DR NORTH YORK, CA, ON m2m 2m2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEM, JESIESINA 23 DEAN STREET #1 BROOKLYN, NY 11201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIM, JAMESINA 23 DEAN STREET #1 BROOKLYN, NY 11201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS KO, CHRISTINE 8 SMITH AVE STOUGHTON, MA 02072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS KO, CHRISTINE 41 GOODNOW LANE FRAMINGHAM, MA 01702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: 		Daniel Chim April 15, 2005 (905) 474-0710	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

