2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2005 8:00 am Secretary of State **DOCUMENT # L53285** 03-16-2005 90041 025 ***150 00 1. Entity Name SJ BOYNTON, INC. Principal Place of Business Mailing Address 50027454 **BOYNTON BEACH MALL** 7650 BIRCHMOUNT RD. SP# 661, 801 N CONGRESS AVE MARKHAM ONTARIO CANADA **BOYNTON BEACH, FL 33426** L3R6B9. 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0177007 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KO. RICHARD Street Address (P.O. Box Number is Not Acceptable) 6326 GRAND BAHAMA CIRCLE SUITE G TAMPA, FL 33615 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ■ Addition CHIM, JAMESINA NAME NAME STREET ADDRESS 23 DEAN STREET #1 STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11201 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition CHIM, DANIEL NAME NAME 37 PAMCREST DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH YORK, CANADA, ON m2m 2m2 CITY-ST-ZIP VDŠT. -TITLE-Change -- Delete KO. CHRISTINE KO, CHRISTINE NAME NAME STREET ADDRESS 8 SMITH AVE. STREET ADDRESS 41 GOODNOW LANE CITY-ST-ZIP STOUGHTON, MA 02072 CITY-ST-ZIP FRAMINGHAM, MA 01702 TILE Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing sloes 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 abcurate 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, per all other like empowered.

Daniel Chim

SIGNATURE: _

March 8, 2005

(905) 474-0710

FILED