

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90063 043 ***150.00

DOCUMENT # M62068 1. Entity Name SJ JACKSONVILLE INC.			
Principal Place of Business JACKSONVILLE LANTING 2 INDEPENDENT DRIVE SP 211 JACKSONVILLE, FL 32202 US		Mailing Address C/O SAKKIO JAPAN 7650 BIRCHMOUNT RD. MARKHAM ONTARIO CANADA L3R9X5,	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o Sakkio Japan 7650 Birchmount Road Suite, Apt. #, etc.	
City & State		City & State Markham, Ontario	
Zip		Zip L3R 6B9	
Country		Country Canada	
4. FEI Number 65-0011483		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 KO RICHARD 6326 GRAND CIRCLE SUITE G TAMPA, FL 33615		7. Name and Address of New Registered Agent 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 1, 2005 <small>Signature, typed or printed name of registered agent and date acceptable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	PD CHEM, JAMESINA 23 DEAN STREAT #1 BROOKLYN, NY 11201	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIM, DANIEL 37 PAMCREST DRIVE NORTH YORK, ONTARIO, CANADA, M2M-22	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST KO, CHRISTINE 8 SMITH AVE., STOUGHTON, MA 02072	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST KO, CHRISTINE 41 GOODNOW LANE FRAMINGHAM, MA 01702	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST KO, CHRISTINE 41 GOODNOW LANE FRAMINGHAM, MA 01702	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST KO, CHRISTINE 41 GOODNOW LANE FRAMINGHAM, MA 01702	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		March 10, 2005 (905) 474-0710 <small>Date Daytime Phone #</small>	