


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90061 044 \*\*\*150.00

<b>DOCUMENT # P00000031919</b> 1. Entity Name <b>SAR REGENCY FOOD INC.</b>					
Principal Place of Business <b>SARKU JAPAN, REGENCY SQUARE FC-7 9501 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225</b>			Mailing Address <b>7650 BIRCHMOUNT ROAD MARKHAM ONTARIO CANADA L3R 6B9, XX</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WANG, MING C 6950 CYPRESS RD., #208-15 PLANTATION, FL 33317</b>				7. Name and Address of New Registered Agent Name <b>Richard Ko</b> Street Address (P.O. Box Number is Not Acceptable) <b>9401 W. Colonial Dr., Ste. 252</b> City <b>Ocoee</b> State <b>FL</b> Zip Code <b>34761</b>	
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 <u>Richard Ko</u> DATE <u>April 1, 2005</u> <small>Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTINE, KO 8 SMITH AVENUE STOUGHTON, MA 02072	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PANG, ALEX 9 HIGHBRIDGE ROAD RICHMOND HILL, ONT., CA 14b 1y2	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD CHIM, JAMESINA 23 DEAN STREET #1 BROOKLYN, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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: <u>Alex Pang Officer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>April 1, 2005</u>		Daytime Phone # <u>905-474-0710</u>