2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000031919

1. Entity Name

SIGNATURE: _



FILED Apr 07, 2006 8:00 am Secretary of State

04-07-2006 90020 044 ***150.00

(905) 474-0710

Daytime Phone #

SAR REG				4							
Principal Place of Business SARKU JAPAN, REGENCY SQUARE FC-7 9501 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225		Mailing Address 7650 BIRCHMOUNT ROAD MARKHAM ONTARIO CANADA L3R 6B9, XX			·				BL NIBLO LOUTH NIBLG LO	 	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282006	Chg-P	CR2	E034 (11/05)			
City & State		City & State			4. FEI Number Applied For NOT APPLICABLE Not Applica						
Zip	Country Zip		Coun	ntry 					\$8.75 Ade Fee Require		
				7. Name and	Address of New	Registere	ed Agent				
KO, RICHARD 9401 WEST COLONIAL DRIVE, SUITE 252 OCOEE, FL 34761				Name Street Address (P.O. Box Number is Not Acceptable)							
				City				F	Zip Cod	le	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or	register	red agent, or bo	oth, in the State of I	Florida. I a	am familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	ed Agent signatu	re required	d when reinstating)		DAT	TE.		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	-			.00 May Be led to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS] /CHANGES TO OI	FFICERS A	AND DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete CHRISTINE, KO 41 GOODNOW LANE			E RE EET ADDRESS '-ST-ZIP		·			Change	☐ Addition	
TITLE	FRAMINGHAM, MA 01702 VD		TITL		Dir	ector			(X) Change	Addition	
NAME	PANG, ALEX	CT Delete	NAM			g, Alex			(Z) Gridige		ĺ
STREET ADDRESS CITY-ST-ZIP	9 HIGHBRIDGE ROAD RICHMOND HILL, ONT., CA 14b 1y2			EET ADDRESS (-St-Zip	,		e Rd.,Ric	hmond	Hill,ON	Canada	1Y2
NAME STREET ADDRESS CITY-ST-ZIP	VTSD	— 🗀 Delete							- Change_	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
indicated of the cor	certify that the information supplied with l on this report or supplemental report is reporation or the receiver or trustee empor , or on an attachment with an address, we	true and accurate and that n wered to execute this proof.	ny signa as requ	emptions of ature shall hi ired by Cha	ontaine ave the opter 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes ect as if made unde es; and that my na	s. I further er oath; tha ame appea	certify that the i at I am an office ars in Block 10 c	information r or director or Block 11 if	

éang,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Alex

03/28/06