

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90137 023 ***150.00

DOCUMENT # P01000072806

1. Entity Name
MT SANTA ROSA FOOD INC.



Principal Place of Business
**SANTA ROSA MALL
300 MARY ESTER BLVD SP10-J
MARY ESTHER, FL 32569**

Mailing Address
**7650 BIRCHMOUNT RD
ONTARIO, L3R 6B9
CANADA, XX**

50006878



03162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KO, RICHARD
9401 W. COLONIAL DR., STE. 252
OCOOEE, FL 34761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHIM, JAMESINA ☐ Delete
STREET ADDRESS 23 DEAN STREET, #1
CITY-ST-ZIP TAMPA, FL 33615

TITLE VSTD
NAME KO, CHRISTINE ☐ Delete
STREET ADDRESS 8 SMITH AVE
CITY-ST-ZIP STOUGHTON, MA 02072

TITLE VD
NAME CHIM, DANIEL ☐ Delete
STREET ADDRESS 37 PAMCREST DR.
CITY-ST-ZIP NORTH YORK, ON m2m 2m2

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Director
NAME Chim, Daniel ☒ Change ☐ Addition
STREET ADDRESS 37 Pamcrest Dr., North York, ON, Canada M2M 2M2
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

03/16/06

(905)474-0710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #