

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90012 027 ***150.00

DOCUMENT # P01000120189

1. Entity Name
SAR PEMBROKE FOOD INC.



Principal Place of Business
**C/O UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD., STE. 508
MIAMI, FL 33156**

Mailing Address
**7650 BIRCHMOUNT ROAD
MARKHAM, ONTARIO CANADA, L3R-6-9**



01082004 Chg-P CR2E034 (10/03)

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
6326 GRAND BAHAMA CIRCLE, APT.G
MIAMI, FL 33156**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME KO, RICHARD
STREET ADDRESS 6326 GRAND BAHAMA CIR, APT G
CITY-ST-ZIP TAMPA, FL 33615

TITLE PD ☐ Change ☒ Addition
NAME Christine Ko
STREET ADDRESS 8 Smith Avenue
CITY-ST-ZIP Stoughton, MA 02072

TITLE VTSD ☐ Delete
NAME PANG, ALEX
STREET ADDRESS 9 HIGHBRIDGE RD
CITY-ST-ZIP ONTARIO, C 14b1y2

TITLE VD ☒ Change ☐ Addition
NAME Alex Pang
STREET ADDRESS 9 Highbridge Road
CITY-ST-ZIP Richmond Hill, Ont., Canada L4B 1Y2

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTSD ☐ Change ☒ Addition
NAME Jamesina Chim
STREET ADDRESS 23 Dean Street, #1
CITY-ST-ZIP Brooklyn, NY 11201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Alex Pang

1/19/04

905-474-0710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #