



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90350 019 ***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		
2. Principal Place of Business 11401 Pines Blvd, Suite, Apt. #, etc. Sp. # 524		3. Mailing Address Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State		04142005 Chg-P CR2E034 (10/03)	
Zip 33026		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Richard Ko		
			Street Address (P.O. Box Number is Not Acceptable) 9401 W. Colonial Dr.,		
			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		04/15/2005	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD	NAME KO, CHRISTINE		<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8 SMITH AVENUE	CITY-ST-ZIP STOUGHTON, MA 02072			NAME Ko, Christine	STREET ADDRESS 41 Goodnow Lane, Framingham, MA 01702
TITLE VD	NAME PANG, LAEX		<input type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9 HIGHBRIDGE RD	CITY-ST-ZIP ONTARIO, C 14B1Y2			NAME Pang, Alex	STREET ADDRESS 9 Highbridge Road, Richmond Hill, Ontario, Canada L4B 1Y2
TITLE VSTD	NAME CHIM, JAMESINA		<input type="checkbox"/> Delete	TITLE VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 23 DENA ST., #1	CITY-ST-ZIP BROOKLYN, NY 11201			NAME Chim, Jamesina	STREET ADDRESS 23 Dean Street, #1 Brooklyn, NY 11201
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		04/15/2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	