2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FILED Apr 04, 2006 8:00 am Secretary of State

DOCUMENT # P01000120189 1. Entity Name SAR PEMBROKE FOOD INC.								04-04-2	2006 90	0148 016	***150	.00
Principal Place of Business 11401 PINES BLVD #524 PEMBROKE PINES, FL 33026			Mailing Address 7650 BIRCHMOUNT ROAD MARKHAM, ONTARIO CANADA, L3							itia iiaii atiai		11 1.11 1111
2. Principal Place of Business			3. Mailing Address 7650 Birchmount Road									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			٠,	03202006	Chg-P		CR2E034	<u> </u>	
City & State			City & State Markham, Ontario				4. FEI Numbe NOT AP	r PLICABLI	E		<u> </u>	plied For t Applicable
Zip	Country		zip Coun L3R 6B9 — Cana			5. Certificate of Status Desired Fee.			3.75 Additional			
	6. Name and Address of Cu	arrent Regis	legistered Agent			7. Name and Address of New Registered Agent Name						
KO, RICHARD 9401 W. COLONIAL DR STE 252					Street Address (P.O. Box Number is Not Acceptable)							
OCOEE, FL 34761												
						•		FL	Zip Code	•		
	named entity submits this staten ons of registered agent.	nent for the p	ourpose of changing its	s registere	ed office or	register	ed agent, or bot	h, in the Stat	e of Flori	da. I am far	niliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registere	ed agent and title	if applicable. (NO)	E: Registered	Agent signatu	re required	when reinstating)			DATE		
	E NOW!!! FEE IS \$150.0 by 1, 2006 Fee will be \$		9. Election Campa Trust Fund Con	_	cing		.00 May Be ed to Fees					Ì
10.	OFFICERS	S AND DIRE	CTORS	11.			ADDITIONS/	CHANGES T	O OFFIC	ERS AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS City-ST-ZIP	PD KO, CHRISTINE 41 GOODNOW LN FRAMINGHAM, MA 01702	!	☐ Delete		1					(□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PANG, ALEX 9 HIGHBRIDGE RD ONTARIO, C 14b1y2		☐ Defete			Pang 9 Hi	ector g, Alex ighbridge		C	·	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	-VSTD		Delete			. THE	ch<u>a</u>m, On t	<u>ar10,</u>	Cana	ua 140	- Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							ľ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	• • • • • • • • • • • • • • • • • • • •						1	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		/	☐ Delete	TITLE NAM STRE CITY	E E ET ADDRESS -ST-ZIP						Change	☐ Addition
12. I hereby of indicated of the corchanged	certify that the information supplicertify that the information supplicer on this report or supplemental reporation or the receiver or truste, or on an attachment with an ad	ed with this eport is true elempowere dess, with a	filing does not qualify and accurate and that do execute this repoil other like empowered.	for the exe my signa rt as requi	emptions of ture shall had by Cha	ontained ave the apter 60	d in Chapter 11 same legal effe 7, Florida Statute	9, Florida Sta ct as if made es; and that r	atutes. I fo under oa ny name	urther certifath; that I an appears in	y that the in an officer Block 10 o	nformation or director r Block 11 if

03/20/06 Date

(905) 474-0710