FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90289 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120189

1. Entity Name
SAR PEMBROKE FOOD INC.

90125874

Principal Place of Business	Mailing Address
C/O UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD., STE. 508 MIAMI, FL 33156	95 ROYAL CREST COURT UNIT 3 ONTARIO, C s3-r9x5

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		7650 Birchmount Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Markham, Ontario Canada	
Zip	Country	Zip: L3R 6B9	Country: Canada

4. FEI Number: Not Applicable — Applied For [ ] / Not Applicable [X]

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
PAULINE, KO 6326 GRAND BAHAMA CIRCLE, APT.G MIAMI, FL 33156	Name: Richard Ko Street Address (P.O. Box Number is Not Acceptable): 6326 Grand Bahama Circle, Apt. G City: Tampa FL Zip Code: 33615

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] Richard Ko April 29, 2003

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAULINE, KO 6326 GRAND BAHAMA CIR, APT G TAMPA, FL 33615	[X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Ko 6326 Grand Bahama Cri, Apr.G ~~Tampa, FL 33615~~	[ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD PANG, ALEX 9 HIGHBRIDGE RD ONTARIO, C l4b1y2	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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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: [signature] Alex Pang, VTSD 04/29/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)