2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2004 8:00 am Secretary of State DOCUMENT # P03000004620 02-13-2004 90008 021 ***150.00 MT PANAMA CITY FOOD INC. Principal Place of Business Mailing Address 54005981 6950 CYPRESS RD., #208-15 6950 CYPRESS RD., #208-15 PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address 7650 Birchmount Road Suite, Apt. #, etc. Suite, Apt, #, etc. 01132004 Cha-P CR2E034 (10/03) City & State 4. FEI Number Not Applicable City & State Applied For Markham, Onatario Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired. L3R-6B9= =Canada 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WANG, MING C Street Address (P.O. Box Number is Not Acceptable) 6950 CYPRESS RD., #208-15 PLANTATION, FL 33317 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE X Delete TITLE Change Addition Jamesina Chim KO, RICHARD NAME NAME 23 Dean Street #1 STREET ADDRESS 6950 CYPRESS RD., #208-15 STREET ADDRESS Brooklyn, NY 11201 CITY-ST-ZIP PLANTATION, FL 33317 CITY-ST-ZIP VD ZX Delete $\overline{ ext{vD}}$ X Change TITLE ☐ Addition TITLE NAME CHIM, DANIEL NAME Daniel Chim 6950 CYPRESS RD., #208-15 STREET ADDRESS STREET ADDRESS 37 Pamcrest Drive CITY-ST-ZIP PLANTATION, FL 33317 CITY-ST-ZIP North York, Ontario M2M 2M2 Canada Change Addition TITLE Delete TITLE VSTD-NAME NAME Christine Ko STREET ADDRESS STREET ADDRESS 8 Smith Ave, Stoughton, MA 02072 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplies 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 the address, with all other like empowered.

Daniel Chim

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

January 13, 2004

905-474-0710

Daytime Phone #

FILED