
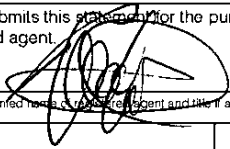
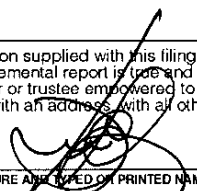


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90350 020 ***150.00

DOCUMENT # P03000004620 1. Entity Name MT PANAMA CITY FOOD INC.					
Principal Place of Business 6950 CYPRESS RD., #208-15 PLANTATION, FL 33317			Mailing Address 7650 BIRCHMONT ROAD MARKHAM ONTARIO L3R6B9 CANADA, XX		
2. Principal Place of Business West Oaks Mall # 252		3. Mailing Address			
Suite, Apt. #, etc. 9401 W. Colonial Dr.,		Suite, Apt. #, etc.			
City & State Ocoee, FL 34761		City & State			
Zip 34761	Country USA	Zip	Country	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 WANG, MING C 6950 CYPRESS RD., #208-15 PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name Richard Ko Street Address (P.O. Box Number is Not Acceptable) 9401 W. Colonial Dr., # 252 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 <small>(Signature, typed or printed name of agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CHIN, JAMESINA 23 DEAN STREET #1 BROOKLYN, NY 11201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chim, Jamesina 23 Dean Street, # 1 Brooklyn, NY 11201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIM, DANIEL 37 PAMCREST DRIVE NORTH YORK, ONTARIO, CA m2m 2m2	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KO, CHRISTINE 8 SMITH AVE STOUGHTON, MA 02072	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Ko, Christine 41 Goodnow Lane, Framingham, MA 01701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: 		Daniel Chim			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/20/2005		Daytime Phone # 905-474-0710	