


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90407 014 ***150.00

DOCUMENT # P03000004620																	
1. Entity Name MT PANAMA CITY FOOD INC.																	
Principal Place of Business WEST OAKS MALL #252 9401 W COLONIAL DR OCOE, FL 34761			Mailing Address 7650 BIRCHMONT ROAD MARKHAM ONTARIO L3R6B9 CANADA, XX														
2. Principal Place of Business			3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
				Country													
6. Name and Address of Current Registered Agent KO, RICHARD 9401 W COLONIAL DR #252 OCOE, FL 34761				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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																	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">PD CHIM, JAMESINA 23 DEAN STREET #1 BROOKLYN, NY 11201</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>VD CHIM, DANIEL 37 PAMCREST DRIVE NORTH YORK, ONTARIO, CA m2m 2m2</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>VSTD KO, CHRISTINE 41 GOODNOW LANE FRAMINGHAM, MA 01701</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table>					PD CHIM, JAMESINA 23 DEAN STREET #1 BROOKLYN, NY 11201	<input type="checkbox"/> Delete	VD CHIM, DANIEL 37 PAMCREST DRIVE NORTH YORK, ONTARIO, CA m2m 2m2	<input type="checkbox"/> Delete	VSTD KO, CHRISTINE 41 GOODNOW LANE FRAMINGHAM, MA 01701	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		04/18/2006 (905) 474-0710													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>													