
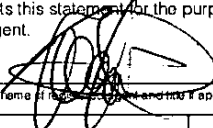
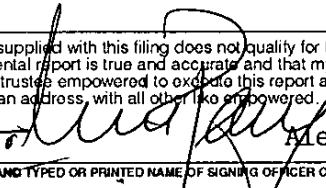


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90350 021 ***150.00

DOCUMENT # P03000004628					
1. Entity Name SAR PANAMA CITY FOOD INC.					
Principal Place of Business 6950 CYPRESS RD., #208-15 PLANTATION, FL 33317			Mailing Address 7650 BIRCHMOUNT RD. MARKHAM ONTARIO L3R6B9 CANADA, XX		
2. Principal Place of Business Panama City Mall,		3. Mailing Address			
Suite, Apt. #, etc. 2226.5 Martin Luther King Jr. Blvd.,		Suite, Apt. #, etc.			
City & State Panama City, FL		City & State			
Zip 32405		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., Ste 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 04/20/2005 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 KO, CHRISTINE <input type="checkbox"/> Delete 8 SMITH AV. STOUGHTON, MA 02072		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ko, Christine <input type="checkbox"/> Change <input type="checkbox"/> Addition 41 Goodnow Lane, Framingham, MA 01702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PANG, ALEX <input type="checkbox"/> Delete 7650 BIRCHMOUNT RD. MARKHAM, ONTARIO CANADA, L3R 6B9		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD CHIM, JAMESINA <input type="checkbox"/> Delete 23 DEAN ST. #1 BROOKLYN, NY 11201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 I am empowered.					
SIGNATURE:  Alex Pang			04/20/2005		905-474-0710
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>