

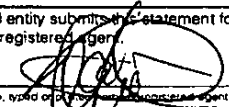
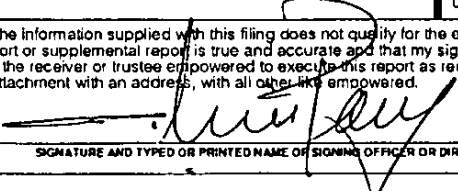


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90350 018 \*\*\*150.00

<b>DOCUMENT # P04000012109</b>					
1. Entity Name <b>SAR AVENUE FOOD INC.</b>					
Principal Place of Business <b>6950 CYPRESS RD., #208-15 PLANTATION FL 33317 10300 Southside Blvd., #3130 Jacksonville, FL 32256</b>			Mailing Address <b>6950 CYPRESS RD., #208-15 PLANTATION FL 33317 7650 Birchmount Road Markham, Ontario L3R 6B9 Canada</b>		
2. Principal Place of Business <b>10300 Southside Blvd.,</b>		3. Mailing Address <b>7650 Birchmount Road</b>			
Suite, Apt. #, etc. <b>#3130</b>		Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL 32256</b>		City & State <b>Markham, Ontario L3R 6B9</b>		4. FEI Number	
Zip <b>32256</b>	Country <b>USA</b>	Zip <b>L3R 6B9</b>	Country <b>Canada</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>- WANG, MING C 6950 CYPRESS RD., #208-15 PLANTATION FL 33317</b>				7. Name and Address of New Registered Agent Name <b>Richard Ko</b> Street Address (P.O. Box Number is Not Acceptable) <b>9401 W. Colonial Dr.,</b> <b>Ste 252</b> City <b>Ocoee</b> <b>FL</b> Zip Code <b>34761</b>	
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  <b>Richard Ko</b> DATE <b>04/11/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>Alex Pang, VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PANG, ALEX</b>	NAME	<b>9 Highbridge Road,</b>		
STREET ADDRESS	<b>6950 CYPRESS RD., #208-15</b>	STREET ADDRESS	<b>Richmond Hill, Ontario L4B 1Y2 Canada</b>		
CITY- ST- ZIP	<b>PLANTATION FL 33317</b>	CITY- ST- ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>Jamesina Chim, V.D.T.S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CHIM, JAMESINA</b>	NAME	<b>23 Dean Street, #1</b>		
STREET ADDRESS	<b>6950 CYPRESS RD., #208-15</b>	STREET ADDRESS	<b>Brooklyn, NY 11201</b>		
CITY- ST- ZIP	<b>PLANTATION FL 33317</b>	CITY- ST- ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>Christine Ko PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KO, CHRISTINE</b>	NAME	<b>41 Goodnow Lane,</b>		
STREET ADDRESS	<b>6950 CYPRESS RD., #208-15</b>	STREET ADDRESS	<b>Framingham, MA 01702</b>		
CITY- ST- ZIP	<b>PLANTATION FL 33317</b>	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
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:  <b>Alex Pang</b>				DATE <b>04/11/2005</b> 905-474-0710	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone</small>	