2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90097 033 ***150.00

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1. Entity Name
SJ BOCA RATON FOOD INC.

Principal Place of Business	Mailing Address
6299 WEST SUNRISE BLVD. 506 TOWN CENTER BOCA RATON, FL 33431	7650 BIRCHMOUNT ROAD MARKHAM, ONTARIO L3R 6BP CANADA,

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0426282
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD, SUITE 508
MIAMI, FL 33156

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	CHIM, JAMESINA
STREET ADDRESS	23 DEAN STREET #1
CITY-ST-ZIP	BROOKLYN, NY 12001
TITLE	PD
NAME	CHEN, KIT MARGARET
STREET ADDRESS	1726 FIDDLERS RIDGE DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	VTD
NAME	CHIM, JAMESINA
STREET ADDRESS	23 DEAN STREET, #1
CITY-ST-ZIP	BROOKLYN, NY 12001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Jamesina Chim 01/04/07 (905) 474-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #