

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90258 016 \*\*\*150.00

<b>DOCUMENT # P95000057529</b> 1. Entity Name <b>SAR ORANGE PARK FOOD INC.</b>					
Principal Place of Business <b>ORANGE PARK MALL 1910 WELLS ROAD, SP VC-16 ORANGE PARK, FL 32073 US</b>			Mailing Address <del>7650 BIRCHMOUNT ROAD</del> <del>MARKHAM ONTARIO L3R 6B9</del> <del>CANADA</del>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>SARKU JAPAN</b> <b>7650 BIRCHMOUNT RD.</b>			
City & State Zip      Country		City & State <b>MARKHAM, ONTARIO</b> <b>L3R 6B9      CANADA</b>			
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KO, PAULINE 6326 GRAND BAHAMA CIRCLE APT. G TAMPA, FL 33615</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., STE. 252</b> City <b>OCOE</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> <b>Apr. 25, 2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PANG, ALEX 9 HIGHBRIDGE RD, RICHMOND HILL ONTARIO CANADA L4B 1Y2,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CHIM, JAMESINA 23 DEAN STREET #1 BROOKLYN, NY 11201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KO, CHRISTINE 8 SMITH AVENUE STOUGHTON, MA 02072	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KO, CHRISTINE 41 GOODNOW LANE, FRAMINGHAM, MA 02062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 like empowered.					
SIGNATURE:			<b>Alex Pang</b> <b>Apr. 25, 2005</b> <b>905-474-0710</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date      Daytime Phone #		