


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90319 006 ***150.00

DOCUMENT # P97000027617	
1. Entity Name SJ COUNTRYSIDE FOOD INC.	

Principal Place of Business COUNTRYSIDE MALL 27001 US HWY 19 NORTH SP 2087 CLEARWATER, FL 33761	Mailing Address 7650 BIRCHMONT ROAD MARKHAM ONTARIO CANADA L3R6B9, CA
--	--

50037395



2. Principal Place of Business Suite, Apt., #, etc.		3. Mailing Address 7650 Birchmount Road Suite, Apt., #, etc.	
City & State Markham, Ontario		City & State Markham, Ontario	
Zip L3R 6B9	Country Canada	Zip L3R 6B9	Country Canada

03162005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3486213		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KO, RICHARD 6326 GRAND BAHAMA CIRCLE SUITE G TAMPA, FL 33615		7. Name and Address of New Registered Agent Name KO, RICHARD Street Address (P.O. Box Number is Not Acceptable) West Oaks Mall 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. April 7, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	VD PANG, ALEX 9 HIGHBRIDGE RD RICHMOND HILL ONTARIO, CA L4B1Y <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	VSD CHIM, JAMESINA 23 DEAN STREET # 1 BROOKLYN, NY 11201 <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	PD KO, CHRISTINE 8 SMITH AVENUE STOUGHTON, MA 02072 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KO, CHRISTINE 41 GOODNOW LANE FRAMINGHAM, MA 01702 <input checked="" 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 like empowered.

SIGNATURE:  Alex Pang April 7, 2005 905-474-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #