

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000006546

1. Entity Name
SAR DADELAND FOOD INC.



Principal Place of Business
**7535 N.KENDALL DR
ROOM 1410
MIAMI, FL 33156**

Mailing Address
**7650 BIRCHMOND ROAD
MARKHAM, ONTARIO L3R 8G9, CA**



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KO, RICHARD
WEST OAKS MALL
9401 W.COLONIAL DR,STE 252
OCOOE, FL 34761-0000**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03/21/06-80100-020 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VDST
NAME	CHIM, JAMESINA
STREET ADDRESS	23 DEAN STREET #1
CITY-ST-ZIP	BROOKLYN, NY 11201
TITLE	VD
NAME	PANG, ALEX
STREET ADDRESS	9 HIGHBRIDGE ROAD
CITY-ST-ZIP	RICHMOND HILL ON L4B 1Y2,
TITLE	PD
NAME	KO, CHRISTINE
STREET ADDRESS	41 GOODNOW LANE
CITY-ST-ZIP	FRAMINGHAM, MA 01702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Pang

02/28/2006

Date

(905) 474-0710

Daytime Phone #