2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2007 08:00 A Secretary of State

DC	\cap	IN/	IT #	K1	1335
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1. Entity Name

CHINESE CAFES OF AMERICA, INC.



Principal Place of Business

4104 AURORA ST

CORAL GABLES, FL 33146 U

Mailing Address

4104 AURORA ST

CORAL GABLES, FL 33146

US



03292007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0027336 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YEUNG, HOI SANG 4104 AURORA ST CORAL GABLES, FL 33146

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		!				
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE_				<u>-</u>		
	Signature typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	-
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing				
10.	OFFICERS AND DIREC	TORS			 :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D YEUNG, HOI SANG 4104 AURORA ST CORAL GABLES, FL 33146 SEC YEUNG, HING YU				U00000742554	.
STREET ADDRESS CITY-ST-ZIP	4104 AURORA STREET CORAL GABLES, FL 33146				05/15/07-80072-024 15	⊃U.
NAME STREET ADDRESS CITY-ST-ZIP		,	,	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		IN 7	THIS SPACE	
TITLE						

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

STREET ADDRESS
CITY-ST-ZIP
THTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

305-476-16/1