2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005
Secretary of State

DOCUMENT# P00000098918

Entity Name: CITY TROPICS BISTRO, INC.

Current Principal Place of Business:

304 S HARBOR CITY BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

522 OCEAN AVE
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 59-3680625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DETTMER, DALE A
304 S HARBOR CITY BLVD SUITE 201
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PEPAJ, DJON
Address: 522 OCEAN AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D ( ) Delete
Name: PEPAJ, MELINDA
Address: 522 OCEAN AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DJON PEPAJ PRES 02/24/2005

Electronic Signature of Signing Officer or Director — Date