2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069262



FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90458 013 ***150.00

4-27-07

1. Entity Name EAST & WEST CAFE, INC.									
Principal Place 10250 TREVI JACKSONVILL	OR CREEK DR W	Mailing Address 10250 TREVOR CREEK DR W JACKSONVILLE, FL 32257			 - -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I Billib b in d ee		283 1
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10584-1 OLD ST AUGUSTINE RD									
Suite, Apt. #, atc.		Suite, Apt. #, etc.			04112007	Chg-P	CR2E0	34 (12/06)	
City & State JACKSONVILLE, FL		City & State			4. FEI Numbe 59-3734			—	plied For t Applicable
Zip 32257	Country USA	Zip	Zip Country			of Status Desired		\$8.75 Add	itional
32237	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R			<u></u>
		Name			_ 				
WONG, LAI HING 10250 TREVOR CREEK DR WEST JACKSONVILLE, FL 32257				Street Address (P.O. Box Number is Not Acceptable)					
	•								
				City			FL	Zip Code	•
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 a	d Agent signature required	when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees		T''		
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	P	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	WONG, LAI HING 10250 TREVOR CREEK DR WEST STRICE NAM STRICE STRIC		E Et address					I	
CITY-ST-ZIP			-ST-ZIP						
TITLE	VP	☐ Delete	TITLE					Change	☐ Addition
NAME	CHEANG, KUAN WAI		NAM	-					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
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STREET ADDRESS				ET ADDRESS					
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TITLE		☐ Delete	TITLE	i				Change	☐ Addition
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CITY-ST-ZIP				-SI-ZIP					
TITLE		☐ Delete	TITLE	Ε				☐ Change	Addition
NAME			NAM	E					i
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
	certify that the information supplied with	this filling does not qualify to			lia Chapter 110	Florido Statutos I	further oor	tifo that the im	-farmation
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an address.	true and accurate and that nowered to execute this report	ny signa as requi	ture shall have the s	same legal effec	t as if made under o	oath; that I a	am an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR