
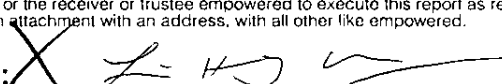


DOCUMENT # P01000069262					
1. Entity Name EAST & WEST CAFE, INC.					
Principal Place of Business 10250 TREVOR CREEK DR W JACKSONVILLE, FL 32257			Mailing Address 10250 TREVOR CREEK DR W JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box # 10584-1 OLD ST AUGUSTINE RD			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State JACKSONVILLE, FL			City & State		
Zip 32257		Country USA	Zip		Country
6. Name and Address of Current Registered Agent					
WONG, LAI HING 10250 TREVOR CREEK DR WEST JACKSONVILLE, FL 32257					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing		
			Trust Fund Contribution. <input type="checkbox"/> \$5 Ad		
10. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> Delete				TITLE
NAME	WONG, LAI HING				NAME
STREET ADDRESS	10250 TREVOR CREEK DR WEST				STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE, FL 32257				CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> Delete				TITLE
NAME	CHEANG, KUAN WAI				NAME
STREET ADDRESS	10250 TREVOR CREEK DR WEST				STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE, FL 32257				CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., 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					