2006 FOR PROFIT CORPORATION ANNUAL REPORT.

Jan 17, 2006 08:00 AM **DOCUMENT # P01000096399 Secretary of State** 1. Entity Name CITY CAFE, INC. Mailing Address Principal Place of Business 4240 NW 1ST DR 4240 NW 1ST DR DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 No Cha-P CR2E034 (11/05) 01092006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1143696 Not Applicab': \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WONG, KING-YING DO NOT WRITE 4240 NW 1ST DR DEERFIELD BEACH, FL 33442 IN THIS SPACE 3. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution._ Added to Fees OFFICERS AND DIRECTORS 10. PSD WONG, KING-YING NAME 4240 NW 1ST DR STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CUTY-ST-ZIP TITLE STREET ADDRESS City-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an laddress, with full other like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2006

954-263-6188

Daytime Phone #

FILED