

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000096399		
1. Entity Name CITY CAFE, INC.		
Principal Place of Business 4240 NW 1ST DR DEERFIELD BEACH, FL 33442	Mailing Address 4240 NW 1ST DR DEERFIELD BEACH, FL 33442	

DO NOT WRITE IN THIS SPACE

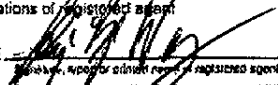
07102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1143696	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WONG, KING-YING 4240 NW 1ST DR DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity certifies 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, upon or signed name of registered agent and (b) if applicable.

(NOTE: Registered Agents signature required when renews tag)

DATE

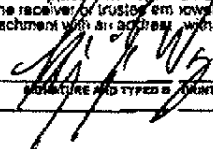
7-10-07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD WONG, KING-YING 4240 NW 1ST DR DEERFIELD BEACH, FL 33442
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07/13/07-80002-023 150.00**DO NOT WRITE
IN THIS SPACE**

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 supplied with 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: 

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-07