2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND DATE OR PERMIED JAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 14, 2006 08:00 AM Secretary of State

Daytime Phone #

1. Entity Name	MENT # P03000005072 OCK CAFE, INC.	Secretary of State
Principal Place 1950 SAN MA JACKSONVILLI	ARCO BÉVO, STE 001 C/O YU B. HAN, C.P.A.	
D	O NOT WOITE IN THIS SPACE	02082006 Na Chg-P CR2E034 (11/05)
U	O NOT WRITE IN THIS SPACE	4. FEI Number Applied For 02-0674813 Not Applied by State Desired State Desired \$8.75 Additional
	6. Name and Address of Current Registered Agent	5. Certificate of Status Desired Fee Required
	3 H OPY OAKS DR VILLE, FL 32256	DO NOT WRITE IN THIS SPACE
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 of the state of Florida of the familiar with and accept the obligations of registered agent. NOTE Registered Agent signature required when refusiting) DATE		
FILE NOWITE FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees		
10. TITLE NAME STREET ACORESS CITY-ST-209	OFFICERS AND DIRECTORS DPST LEE, SANG H 8675 CANOPY OAKS DR JACKSONVILLE, FL 32256	868868433955 82/24/86-88939-888 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
NAME NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
Hile Mame Street address City-St-Zip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this fling 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 cath; 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 line empowered.		