
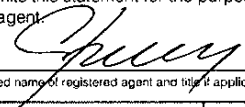



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90052 043 \*\*\*150.00

<b>DOCUMENT # P05000117190</b> 1. Entity Name <b>NEW YORK CITY CAFE INC.</b>					
Principal Place of Business <b>4225 FLEEWELL CT</b> <b>VALRICO, FL 33594 US</b>			Mailing Address <b>4225 FLEEWELL CT</b> <b>VALRICO, FL 33594 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4218 Balington Dr</b>		3. Mailing Address <b>4218 Balington Dr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Valrico, FL</b>		City & State <b>Valrico, FL</b>		4. FEI Number <b>20-3345044</b>	
Zip <b>33594 FL</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>Rosa Abreu</b> <b>4218 Balington Dr</b> <b>VALRICO, FL 33594</b>			7. Name and Address of New Registered Agent Name <b>ROSA ABREU</b> Street Address (P.O. Box Number is Not Acceptable) <b>4218 Balington Dr</b> <b>Valrico, FL 33594</b> City <b>FL</b> 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>2-8-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ABREU, ROSA</b> <b>4218 BALINGTON DRIVE</b> <b>VALRICO, FL 33594</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>ABREU, FAUSTO</b> <b>4218 BALINGTON DRIVE</b> <b>VALRICO, FL 33594</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 				Date <b>2-8-07</b> Daytime Phone # <b>813-870-1440</b>	