2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2006 8:00 am **Secretary of State** DOCUMENT # P96000001699 02-07-2006 90021 047 ***150.00 1. Entity Name BOMBAY CAFE, INC. Principal Place of Business Mailing Address BOMBAY CAFE INC. BOMBAY CAFE INC. 628 GLADES RD, OAKS PLAZA 628 GLADES RD, OAKS PLAZA BOCA RATON, FL 33432 US BOCA RATON, FL 33432 US 01272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0637346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SINCER SAMAN DO NOT WRITE 628 Colades Road. ADES ROAD IN THIS SPACE RATON EL 33432 OOKA BUCA RATUNITH 33421 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. aman Signature, typed or printed name of registered agent and title it applical (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SINGH, SAMAN NAME* 628 GLADES ROAD OAKS PLAZQ STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 artificial ment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

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