2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 14, 2005 08:00 AM DOCUMENT # K15688 **Secretary of State** 1. Entity Name OTTOMAN RESTAURANT, INC. Principal Place of Business ___ Mailing Address 1903 COLLINS AVE 1903 COLLINS AVE MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0031865 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEZGIN, GURSEL DO NOT WRITE 1903 COLLINS AVE. MIAMI BEACH, FL 33139 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, typed or printed name of registered agent and title if applicable (NOTE, Registered *Lient signature regulred when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME SEZGIN, GURSEL DOMEST OF STREET ADDRESS 1903 COLLINS AVE. 01/14/05-80036-001 150.00 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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, withpall other like empowered.

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED