2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K15688

1. Entity Name

OTTOMAN RESTAURANT, INC.



FILED Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

1903 COLLINS AVE MIAMI BEACH, FL 33139

Mailing Address

1903 COLLINS AVE MIAMI BEACH, FL 33139

US



DO NOT WRITE IN THIS SPACE			01032006		
L	O NOI WRITE II	1 IIIIS SPACE	4. FEI Numbe		Applied For Not Applicable
				of Status Desired	8.75 Additional
6. Name and Address of Current Registered Agent					graduation of settings
SEZGIN, GURSEL 1903 COLLINS AVE. MIAMI BEACH, FL_33139				NOT WRITE THIS SPACE	teleformers, landscapeding
8. The above the obligat	named entity submits this statement for the places of registered agent.	ourpose of changing its registered office or re	gistered agent, or bot	h, in the State of Florida. I am fa	miliar with, and accept
	Signature, typed or printed name of registered agent and title i	if applicable (NOTE: Registered Agent signature n	equired when reinstating)	DATE	
	Signature, typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	01/18/06-80020-1	007_150.00
	E NOW!!! FEE IS \$150.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	Unnana385521	007_150.00
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After M: 10. THE NAME STREET ADDRESS	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECT D SEZGIN, GURSEL 1903 COLLINS AVE.	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	Unnana385521	007_150.00

STREET ADDRESS CITY-ST-7IP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP