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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 OCT 13 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L85525

1. Entity Name
COCKTAILS PLUS, INC.

Principal Place of Business	Mailing Address
2503 SOUTH ORANGE AVE ORLANDO, FL 32806	COCKTAILS PLUS PO BOX 540265 ORLANDO, FL 32854-0625 US

07262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3019848

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERVEZ, KHALID
824 YALE STREET
STE 11309
ORLANDO, FL 32804

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 _____ DATE
Signature, type or print name of registered agent, and title if applicable (NOTE: Required if agent signature required when no title is given)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERVEZ, KHALID
STREET ADDRESS	824 YALE ST
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

10/13

12. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _____ 7.27.05 407 835 1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

Cocktails Plus...

Food • Beverage • Staffing

JULY 27, 2005

ATT: MS. KATRINA

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6237
TALLAHASSEE, FL 32314

ANNUAL CORPORATION FEE

COCKTAILS PLUS INC. (L85525) DID NOT RECEIVE THE ANNUAL CORP FORM. DUE TO NOT RECEIVING THE FORM, WE WERE UNABLE TO SUBMIT THE REQUIRED FEE ON TIME. THE FORM WAS DOWNLOADED FROM THE WEB SITE.

WE REQUEST THAT THE LATE FEE CHARGES BE WAIVED.

A CHECK IN THE AMOUNT OF $ 150.00 HAS BEEN SUBMITTED.

PLEASE RESPOND AT YOUR EARLIEST CONVENIENCE.

THANK YOU

KHALID PERVEZ
COCKTAILS PLUS
FED ID: 59-3019848

P. O. BOX 540265
ORLANDO, FL 32854

* Per conversation w/ Khaled, this letter was faxed on 7/27 - before the dissolution - But it was never responded to - Therefore, the A/R was filed w/o penalty — YM 10/13

P.O. Box 540265 • Orlando, FL 32854-0265 • Tel/Fax: (407) 855-1040
www.cocktailsp.net