2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000007833

1. Entity Name
COZEY KORNER RESTAURANT, INC.

Principal Place of Business	Mailing Addre
4122 NW 21 ST	4122 NW 2
LAUDERHILL, FL 33313	LAUDERHILL 313

DO NOT WRITE IN THIS SPACE

04112006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0977115	Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, SILBERT
4122 NW 21 ST
LAUDERHILL, FL 33313

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000557252 05/17/06-80041-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, SILBERT
STREET ADDRESS	4122 NW 21 ST
CITY-ST-ZIP	LAUDERHILL, FL 33313

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #