

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000007833

1. Entity Name
COZEY KORNER RESTAURANT, INC.



Principal Place of Business

4122 NW 21 ST
LAUDERHILL, FL 33313

Mailing Address

4122 NW 21 ST
LAUDERHILL, FL 33313

DO NOT WRITE IN THIS SPACE

FILED
07 MAY 18 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0977115

Applied For
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100103907211

06/05/07--01032--003 **250.00

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	
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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:

Silbert Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #