



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P0000007833 1. Entity Name COZEY KORNER RESTAURANT, INC.	
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Principal Place of Business 4122 NW 21 ST LAUDERHILL, FL 33313	Mailing Address 4122 NW 21 ST LAUDERHILL, FL 33313
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, SILBERT
4122 NW 21 ST
LAUDERHILL, FL 33313

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SILBERT 4122 NW 21 ST LAUDERHILL, FL 33313
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 5/30/07

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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 # _____