

6157-2 SAF

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90332 002 ***150.00

DOCUMENT # P01000100907

1. Entity Name
COOKIE'S PALACE, INC.



Principal Place of Business
19111 COLLINS AVE #2607
SUNNY ISLES, FL 33160

Mailing Address
P.O. BOX 1268
HALLANDALE, FL 33008-1268

14001399



2. Principal Place of Business

3. Mailing Address

520 Brickell Key Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

0-305

02262004

Chg-P

CR2E034 (10/03)

City & State

City & State

MIAMI - FL

4. FEI Number

60-0000484

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEDMAN, STEPHEN A
520 BRICKELL KEY DRIVE 0-305
MIAMI, FL 33131

Name

Transglobal Corporate Administration, LLC

Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Dr Suite 0-305

City

Miami

FL

Zip Code

33131

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

03/10/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SHUBOV, LEONID
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

leonid shubov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

(805) 374-3800

Daytime Phone