
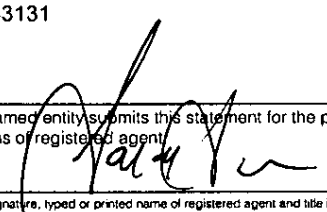
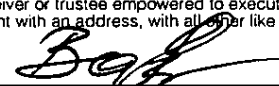


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90269 033 \*\*\*150.00

<b>DOCUMENT # P01000100907</b> 1. Entity Name <b>COOKIE'S PALACE, INC.</b>					
Principal Place of Business <b>19111 COLLINS AVE #2607 SUNNY ISLES, FL 33160</b>			Mailing Address <b>520 BRICKELL KEY DR #0-305 MIAMI, FL 33131</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>60-0000484</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Transglobal Corporate Administration, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 Brickell Key Drive</b> Suite 0-305 City <b>Miami</b>	
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.				FL Zip Code <b>33131</b>	
SIGNATURE 				<b>Samuel P. Haven</b> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				DATE <b>3/2/06</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BASKIN, YUZYK</b>		NAME		
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE SUITE 0-305</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FREEMAN, STEPHEN</b>		NAME		
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE SUITE 0-305</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <b>Yuzik Baskin</b> <b>3/2/06</b> <b>(305)374-3800</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50005692



01112006 Chg-P CR2E034 (11/05)