2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P03000133831 1. Entity Name COSMOS GRILL & BAR, INC. Principal Place of Business Mailing Address 2801 N. HIAWASSEE RD ORLANDO FL 32818 2801 N. HIAWASSEE RD ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FE! Number 59-2183370 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANG, YOO B 2738 N HIAWASSEE RD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32818 Zip Code 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 Fiorida. 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 reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete m_F ☐ Addition ☐ Change YANG, YOO B NAME NAME 1000000312037 2738 N HIAWASSEE RD STREET ADDRESS STREET ADDRESS 04/18/05-80070-001 150.00 CITY - ST - ZIP ORLANDO FL 32818 CITY ST-7IP MILE HHE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete DIE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 addgess, with all other like empowered.