

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90038 033 ***150.00

DOCUMENT # P07000103459

1. Entity Name
COCOON RESTAURANT, INC.



Principal Place of Business
**2199 WILTON DRIVE
WILTON MANORS, FL 33305**

Mailing Address
**2199 WILTON DRIVE
WILTON MANORS, FL 33305 US**

40070660



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2554 NE 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008 Chg-P CR2E034 (12/06)

City & State

City & State
Wilton Manors, FL

4. FEI Number
26-1077887

Applied For
Not Applicable

Zip

Country

Zip
33305

Country

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

**RATTANASUNGNERN, NETMANEE
2199 WILTON DRIVE
WILTON MANORS, FL 33305**

Name

Street Address (P.O. Box Number is Not Acceptable)
2554 NE 9th Avenue

City **Wilton Manors**

FL

Zip Code
33305

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 *X Netmanee*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

x. 3/18/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **P** ☐ Delete
NAME **RATTANASUNGNERN, NETMANEE**
STREET ADDRESS **2554 NE 9TH AVE.**
CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *X Netmanee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Netmanee Rattanasungnern 3/18/08 (954) 651-4455

Date

Daytime Phone #