FILED
Mar 17, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V25021

1. Entity Name
CHEF'S GARDEN RESTAURANT, INC.

Principal Place of Business
2215 S TAMIAMI TRAIL
OSPREY, FL 34229 US

Mailing Address
2215 S TAMIAMI TRAIL
OSPREY, FL 34229 US

03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0318979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

KODRA, PERPARIM Q.
3575 S TAMIAMI TR
PORT CHARLOTTE, FL 33952

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KODRA, PERPARIM Q.
STREET ADDRESS	2215 S TAMIAMI TRAIL
CITY-ST-ZIP	OSPREY, FL
TITLE	ST
NAME	KODRA, VIOLETTA
STREET ADDRESS	2215 S TAMIAMI TRAIL
CITY-ST-ZIP	OSPREY, FL
TITLE	VP
NAME	KODRA, GEZIM
STREET ADDRESS	2215 S TAMIAMI TR
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VP
NAME	KODRA, AGIM
STREET ADDRESS	2215 S. TAMIAMI TR
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VP
NAME	BALA, BUKUIRE
STREET ADDRESS	2215 S. TAMIAMI TR.
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/06-80013-003 150.00

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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: Rick Kodra 3-14-06 941-918-0463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #