

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V25021

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



Principal Place of Business  
2215 S TAMiami TRAIL  
OSPNEY, FL 34229 US

Mailing Address  
2215 S TAMiami TRAIL  
OSPNEY, FL 34229 US

**DO NOT WRITE IN THIS SPACE**



07092008 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE  
IN THIS SPACE**

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

U000000955656

07/18/08-80006-020 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
KODRA, PERPARIM Q.  
2215 S TAMiami TRAIL  
OSPNEY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
KODRA, VIOLETTA  
2215 S TAMiami TRAIL  
OSPNEY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
KODRA, GEZIM  
2215 S TAMiami TR  
OSPNEY, FL 34229

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
KODRA, AGIM  
2215 S. TAMiami TR  
OSPNEY, FL 34229

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
BALA, BUKUIRE  
2215 S. TAMiami TR.  
OSPNEY, FL 34229

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-15-08