

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097882

Entity Name: SAWGRASS BAGELS, INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

11800 NW 102 ROAD
SUITE 6
MEDLEY, FL 331781030

New Principal Place of Business:

Current Mailing Address:

11800 NW 102ND ROAD
SUITE 6
MEDLEY, FL 33178

New Mailing Address:

11800 NW 102 ROAD
SUITE 6
MEDLEY, FL 331781030

FEI Number: 65-0764303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZBERG, GARY
11800 NW 102 RD
SUITE 6
MEDLEY, FL 331781030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SCHWARTZBERG, GARY
Address: 11800 NW 102 ROAD, SUITE 6
City-St-Zip: MEDLEY, FL 331781030

Title: V.P. () Delete
Name: SCHWARTZBERG, TROY A
Address: 11800 NW 102 ROAD, SUITE 6
City-St-Zip: MEDLEY, FL 331781030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY J. SCHWARTZBERG

CEO

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date