


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000026669</b>					
1. Entity Name <b>BAVARIAN ROASTERS, INC.</b>					
Principal Place of Business <b>2912 N.W. 62ND AVE MARGATE FL 33063</b>		Mailing Address <b>2912 N.W. 62ND AVE MARGATE FL 33063</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FLI Number <b>65-0831731</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$6.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KASAB, RONALD 2912 N.W. 62ND AVE MARGATE FL 33063</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			<b>FL</b> 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 Florida. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE _____				DATE _____	
Signature (typed or printed name of registered agent and title if applicable)				(NOTE: Registered Agent signature required when constituting)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	<b>KASAB, CLAUDIA</b>	NAME	<b>1100000488621</b>		
STREET ADDRESS	<b>2912 N.W. 62ND AVE</b>	STREET ADDRESS	<b>04/17/06-80014-008 150.00</b>		
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	<b>KASAB, DAN</b>	NAME			
STREET ADDRESS	<b>2912 N.W. 62ND AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	<b>KASAB, RONALD</b>	NAME			
STREET ADDRESS	<b>2912 N.W. 62ND AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald Kasab RONALD KASAB 3-30-06 954-975-7852**