


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P98000026669

1. Entity Name
BAVARIAN ROASTERS, INC.



Principal Place of Business Mailing Address

2912 N.W. 62ND AVE **2912 N.W. 62ND AVE**
MARGATE, FL 33063 **MARGATE, FL 33063**

DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0831731 Not Applicable

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

6. Name and Address of Current Registered Agent

KASAB, RONALD
2912 N.W. 62ND AVE
MARGATE, FL 33063

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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**

U00000887154
 04/21/08-80009-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KASAB, CLAUDIA
STREET ADDRESS	2912 N.W. 62ND AVE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	P
NAME	KASAB, DAN
STREET ADDRESS	2912 N.W. 62ND AVE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	T
NAME	KASAB, RONALD
STREET ADDRESS	2912 N.W. 62ND AVE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Ronald Kasab DATE: _____ DAYTIME PHONE #: 954-975-7856
SIGNATURE & PRINTED NAME