


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M65791</b> 1. Entity Name <b>ROSIE &amp; HOWIE'S WONDERFUL WORLD OF BAGELS, INC.</b>	
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Principal Place of Business <b>7409 NW 57TH STREET TAMARAC, FL 33319</b>	Mailing Address <b>7409 NW 57TH STREET TAMARAC, FL 33319</b>
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**DO NOT WRITE IN THIS SPACE**



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0025247</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PIOTRKOWSKI, JOEL S. 627 - 71ST STREET MIAMI BEACH, FL 33141</b>
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**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 renewing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000122701</b> <b>04/21/04-80037-019 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMASHOW, ROSE 11401 LAKEVIEW DR CORAL SPRINGS, FL 33071</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *ROSE THOMASHOW* *Rose Thomashow* 4/15/04 754-722-0530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR POWER OF ATTORNEY DATE Daytime Phone #