

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90004 003 \*\*\*150.00

**DOCUMENT # P00000014779**

1. Entity Name  
**HEALTHY BAGEL RESTAURANT, INC.**



Principal Place of Business  
**1755 N. UNIVERSITY DRIVE  
PLANTATION, FL 33322**

Mailing Address  
**1755 N. UNIVERSITY DRIVE  
PLANTATION, FL 33322**

**54063148**



07162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0991359**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KING, THOMAS A  
1755 N. UNIVERSITY DRIVE  
PLANTATION, FL 33322**

**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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
KING, THOMAS A  
1755 N. UNIVERSITY DRIVE  
PLANTATION, FL 33322**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

**7-17-04 954 475 0606**

Attachment

54063148  
#P0000001477.9

I never Received this form  
from You, so I Got A  
copy on line. Please  
Accept my cheque for  
150 <sup>00</sup>

Many Thanks  
Thomas King

THE HEALTHY BAGEL RESTAURANT  
1755 N. UNIVERSITY DR.  
PLANTATION, FL 33322  
954-0606



**Palm Lakes Printing**  
6041 Kimberly Blvd, Suite F, N. Lauderdale, FL 33068  
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