
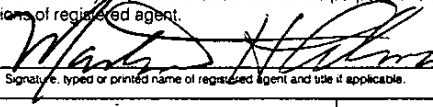
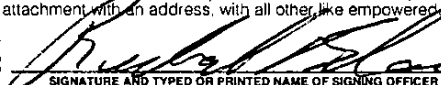


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90150 007 \*\*\*150.00

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DOCUMENT # P00000016670			
1. Entity Name THE ORIGINAL BAGEL BAR, INC.			
Principal Place of Business <del>18515 NE 18 AVENUE</del> NORTH MIAMI BEACH, FL 33179		Mailing Address <del>18515 NE 18 AVENUE</del> NORTH MIAMI BEACH, FL 33179	
2. Principal Place of Business <del>1825 NE MIAMI GARDENS</del> Suite, Apt. #, etc.		3. Mailing Address <del>1825 NE MIAMI GARDENS</del> Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH, FL	
Zip 33179		Zip 33179	
Country USA		Country USA	
4. FEI Number 65-8982549		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMAN, ROBERT 18515 NE 18 AVENUE MIAMI, FL 33179		7. Name and Address of New Registered Agent Name: MARTIN ALMAN Street Address (P.O. Box Number is Not Acceptable): 172 90 NE 19TH AVE City: NORTH MIAMI BEACH, FL Zip Code: 33162	
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:  MARTIN H. ALMAN 4/8/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLMAN, ROBERT A 18515 N.E. 18TH AVENUE NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P-5-D RICARDO BLANCO 2742 W. ABIACA CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T-D TINNY BLANCO 2742 W. ABIACA CIRCLE DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  RICARDO BLANCO, Pres 2/28/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2/28/05	