2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 14, 2004_08:00 AM		
DOCU	MENT # P010000513		Secretary of State			
1. Entity Name THE GOURMET BAGEL CO., INC.						
Principal Place	a of Business	Mailing Address	. <u> </u>			
17701 BISCAYNE BLVD 17701 BISCAYNE 200 200		17701 BISCAYNE BLVD				
AVENUTRA, FL 33160 AVENUTRA, FL 33160			ן מו ה כה יותיים א	Aline (Aline (Isen) and	היינער איז	
	<u></u>					
				01132004	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE				4. FEI Numb		Applied For
_			04-364		Not Applicable	
				5. Certificate	of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
PESETSKY, WALTERS DO NOT WRITE						RITE
17701 BISCAYNE BLVD SUITE 200			IN THIS SPACE			
AVENTURA, FL 33160				11.4	ino or	
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						
8. The above named entity submits this statement for the purpose of changing its registered citice of registered agent, or both, in the state of Folica. Tail handland with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ded to Fees	U0000 04/14/04	0112132 1-80010-017 150.00
10	OFFICERS AND DI	RECTORS	4			
NAME STREET ADDRESS	CORRY, DON 17701 BISCAYNE BLVD, #200					
CITY - ST-ZIP	AVENTURA, FL 33160	<u> </u>				
TITLE NAME			-			
STREET ADDRESS						
CITY-ST-ZIP THLE		• • • • • • • • • • •	-1	,		
NAME						
STREET ADDRESS				DO	NOT W	RITE
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NAME STREET ADDRESS						
CITY-SI-ZIP			- I ·			
TITLE NAME						
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TITLE	<u> </u> <u>_</u> <u></u> .	<u> </u>	<u>-</u>			
NAME STREET ADDRESS						
CITY / ST - ZIP				<u>_,;;</u> ;;	<u> </u>	
12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver of 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:						