

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90341 025 \*\*\*150.00

**DOCUMENT # P02000107382**

1. Entity Name  
**BAGEL TIME RESTAURANT III, INC.**



Principal Place of Business  
**7525 NW 61 TERR.  
#604  
BOCA RATON, FL 33433**

Mailing Address  
**7525 NW 61 TERR.  
#604  
BOCA RATON, FL 33433**

**50040276**



2. Principal Place of Business  
**7525 NW 61 Terrace  
Suite, Apt. #, etc.  
#604**

3. Mailing Address  
**7525 NW 61 Terrace  
Suite, Apt. #, etc.  
#604**

03292005 Chg-P CR2E034 (10/03)

City & State  
**Parkland, Fl.**

City & State  
**Parkland, Fl.**

4. FEI Number  
**20-0413299** Applied For  
Not Applicable

Zip  
**33067** Country  
**USA**

Zip  
**33067** Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIGIORGIO, ANTHONY SR  
7525 NW 61 TERR.  
#604  
POMPANO BEACH, FL 33067**

Name  
**DIGIORGIO, ANTHONY, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7525 NW 61 Terrace  
#604**  
City  
**Parkland** FL Zip Code  
**33067**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/12/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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  
**D  
DIGIORGIO, ANTHONY SR  
23277 LARGO MAR CIRCLE  
BOCA RATON, FL 33433** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIGIORGIO, ANTHONY JR  
23277 LARGO MAR CIRCLE  
BOCA RATON, FL 33433** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIGIORGIO, MARY  
23277 LARGO MAR CIRCLE  
BOCA RATON, FL 33433** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIGIORGIO, ANTHONY, JR  
7525 NW 61 Terrace, # 604  
Parkland, Fl. 33067** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/12/05* **954-969-8777**