
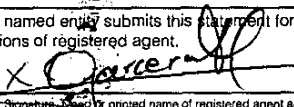
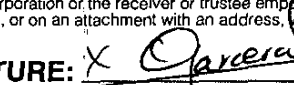


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90014 004 \*\*\*150.00

<b>DOCUMENT # P03000011325</b> 1. Entity Name <b>PRETZELS R US INC.</b>			
Principal Place of Business <b>1835 EAST HALLANDALE BEACH BOULEVARD SUITE 370 HIALEAH, FL 33009</b>		Mailing Address <b>1835 EAST HALLANDALE BEACH BOULEVARD SUITE 370 HIALEAH, FL 33009</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Hallandale</b>		City & State <b>Hallandale</b>	
Zip Country		Zip Country	
4. FEI Number <b>37-1459760</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>Garcerant, Javier</b> Street Address (P.O. Box Number is Not Acceptable) <b>1835 E. Hallandale Beach Blvd</b> <b>Suite 370</b> City <b>Hallandale</b> <b>FL</b> Zip Code <b>33009</b>	
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  <b>Javier Garcerant - Pres.</b> <b>5/18/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GARCERANT, JAVIER 1835 EAST HALLANDALE BEACH BOULEVARD HIALEAH, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hallandale</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GARCERANT, CLAUDIA 1835 EAST HALLANDALE BEACH BOULEVARD HIALEAH, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hallandale</b>
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:  <b>Javier Garcerant</b>		<b>5/18/04 954-457-3259</b> <small>Date Daytime Phone #</small>	

24077197



05182004 Chg-P CR2E034 (10/03)