2005 FOR PROFIT CORPORATION
ANNUAL REPORT

3

DOCUMENT # P03000076624

1. Entity Name
BROADWAY BAGELS NORTH, INC.

Principal Place of Business	Mailing Address
10085 CLEARY BOULEVARD	10085 CLEARY BOULEVARD
PLANTATION, FL 33324 US	PLANTATION, FL 33324 US

66009395

DO NOT WRITE IN THIS SPACE

03032005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
05-0578209		Not Applicable

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

6. Name and Address of Current Registered Agent

ZAFFOS, ALAN
10085 CLEARY BOULEVARD
PLANTATION, FL 33324

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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 3/7/05

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	P	
NAME	ZAFFOS, ALAN	
STREET ADDRESS	10085 CLEARY BOULEVARD	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	S	
NAME	ZAFFOS, ALAN	
STREET ADDRESS	10085 CLEARY BOULEVARD	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	T	
NAME	ZAFFOS, ALAN	
STREET ADDRESS	10085 CLEARY BOULEVARD	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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

4/11/05   954-424-3965
Date   Daytime Phone #