2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN Secretary of State

| DOCUMENT # P0300076624 1. Entity Name BROADWAY BAGELS NORTH, INC. | | | | *- | Sec | cretary | of State |
|---|---|------------------------------------|-------------------------------|-----------------------------|-------------------|---|---------------------------------------|
| Principal Pla | ce of Business | Mailing Address | | | | | |
| 10085 CLEARY BOULEVARD 10085 CLEARY BOULEVARD PLANTATION, FL 33324 US PLANTATION, FL 33324 US | | | US | | | | |
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| | O NOT WRITE | IN THIS SPA | | 01302006 | No Chg-P | CR2E034 (11 | <u> </u> |
| VOINO, MUIT IN THIS STACE | | | | 4. FEI Numbe 05-057 | | | Applied For Not Applicable |
| | | | | 5. Certificate | of Status Desired | □ \$8.7 | 5 Additional equired |
| | 6. Name and Address of Current Re | gistered Agent | | | | | |
| ZAFFOS, ALAN 10085 CLEARY BOULEVARD PLANTATION, FL 33324 | | | | DO | NOT W | RITE | |
| | | | | IN T | HIS SP | ACE | |
| | | | | | | | |
| 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, Registe | tred Agent signature required | when reinstating) | U00000 | DATE 1428048 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 No. 10 Trust Fund Contribution. | | | | | 02/20/06- | -80027-009 | 3 150.00 |
| 10, | OFFICERS AND DI | RECTORS | | | | | |
| ntle Name | P ZAFFOS, ALAN | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 10085 CLEARY BOULEVARD PLANTATION, FL 33324 | | | | | elegentoli Alegentoli | |
| TITLE | S ZASEOS ALAN | | 1 | | | | |
| NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP TITLE | PLANTATION, FL 33324 | | | - Nov. 18 11 11 11 11 11 21 | | | Applejajajajajaj Prijajajajajajaja |
| NAME STREET ADDRESS | ZAFFOS, ALAN 10085 CLEARY BOULEVARD | | | | | | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | | | DO | NOT W | RITE | |
| TITLE NAME | | | | INT | 'HIS SP | ACE | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE | | | | | | | |
| name Street address | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

45/06

954-424-3905 Daytime Phone >