


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90445 013 ***150.00

DOCUMENT # P03000141715	
1. Entity Name BONITA BAGEL & DINER, INC.	

Principal Place of Business 8955 WAKE FERN DR BONITA SPRINGS, FL 34135	Mailing Address 8955 WAKE FERN DR BONITA SPRINGS, FL 34135
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14010400



2. Principal Place of Business 8955 WAKE FERN DR Suite, Apt. #, etc. suite #4 City & State Bonita Springs FL Zip 34135 Country USA	3. Mailing Address 8955 WAKE FERN DR Suite, Apt. #, etc. suite #4 City & State Bonita Springs FL Zip 34135 Country USA
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05012004 Chg-P CR2E034 (10/03)

4. FEI Number 43-2033481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIAZ, ANA 8955 WAKE FERN DR #4 BONITA SPRINGS, FL 34135	7. Name and Address of New Registered Agent Name SARA MAJIA Street Address (P.O. Box Number is Not Acceptable) 8955 WAKE FERN DR #4 City BONITA SPRINGS FL Zip Code 34135
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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 *Sara Mejia* (NOTE: Registered Agent signature required when reinstating) DATE 4/30/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ANA 8955 WAKE FERN DR BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARA MAJIA 8955 WAKE FERN DR #4 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANKOO, PARIAG 8955 WAKE FERN DR BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TANZIDA MAJIA 8955 WAKE FERN DR #4 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Change <input checked="" 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
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: *Ana Diaz* DATE 4/30/04 (239) 9477763