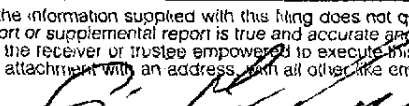


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                              |                                                                    |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000023835</b><br>1. Entity Name<br><b>HOUSE OF BAGEL &amp; BIALY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                              |                                                                    |                                 |  |
| Principal Place of Business<br><b>14449 SOUTH DIXIE HWY<br/>MIAMI FL 33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                                              | Mailing Address<br><b>14449 SOUTH DIXIE HWY<br/>MIAMI FL 33176</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                          |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                              | City & State                                                       |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | Country                                                      |                                                                    | 4. FLI Number <b>77-0623498</b>                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                                              |                                                                    | Applied For Not Applicable                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ARAN, FERNANDO S ESQ<br/>710 SOUTH DIXIE HWY<br/>CORAL GABLES FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                              |                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                              |                                                                    |                                                                                                                   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                              |                                                                    |                                                                                                                   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May t Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                              |                                                                    |                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>       |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PTS<br>FERDOWSIEPOUR, GHOLAM<br>14449 SOUTH DIXIE HWY<br>MIAMI FL 33176 | <input type="checkbox"/> Delete                              |                                                                    |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                    |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                    |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                    |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                    |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                    |                                                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                                                              |                                                                    |                                                                                                                   |  |



1st MOORE CR2E034 (10/05)

FL Zip Code

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