


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90072 009 ***150.00

DOCUMENT # P06000009925	
1. Entity Name BAGEL BAR OF SKYLAKE, INC.	

40024568



Principal Place of Business 18515 NE 18TH AVE N MIAMI BCH, FL 33179	Mailing Address 18515 NE 18TH AVE N MIAMI BCH, FL 33179
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 18515 NE 18th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

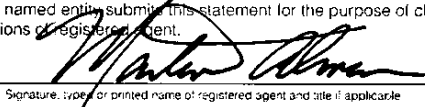
01172007 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 20-4175625	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAW, KENNETH P 1969 S OAK HAVEN CIR N MIAMI BCH, FL 33179		7. Name and Address of New Registered Agent Name MARTIN ALMAN Street Address (P.O. Box Number is Not Applicable) 172 90 NE 19th Ave City NORTH MIAMI BEACH FL Zip Code 33162	
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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	MARTIN ALMAN (NOTE: Registered Agent signature required when reinstating) DATE 1/17/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, KENNETH P	NAME	
STREET ADDRESS	1969 S OAK HAVEN CIR	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 33179	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, KENNETH	NAME	
STREET ADDRESS	P.O. BOX 1342	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE BCH, FL 33008	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby 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, and all other like empowered.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	KENNETH WERNER Date 1/18/07 Daytime Phone 305-912-2314
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