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| <b>DOCUMENT # P06000118761</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |  |                                                                                                                                         | 02-19-2007 90051 046 ***150.00                                   |  |
| 1. Entity Name<br><b>CAFE BAGEL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                                                                   |                                                                                                                                         |                                                                  |  |
| Principal Place of Business<br><b>1811 S. TAMiami TRAIL<br/>VENICE, FL 34293</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | Mailing Address<br><b>16 DRIGGS STREET<br/>STATEN ISLAND, NY 10308</b>            |                                                                                                                                         |                                                                  |  |
| 2. Principal Place of Business - Rn P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | 3. Mailing Address                                                                |                                                                                                                                         |                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | Suite, Apt. #, etc.                                                               |                                                                                                                                         |                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | City & State                                                                      |                                                                                                                                         |                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country | Zip                                                                               | Country                                                                                                                                 | 4. FEI Number <b>20-5542470</b><br>Applied For<br>Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | 58.75 Additional Fee Required                                                     |                                                                                                                                         |                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><b>DIPIAZZA, DAVID<br/>615 CLEMATIS ROAD<br/>VENICE, FL 34293</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                  |  |
| 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 <i>David DiPiazza</i> DATE <b>1-17-2007</b><br><small>Signature of holder or printed name of registered agent and date of filing (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                                                                   |                                                                                                                                         |                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                   |                                                                                                                                         |                                                                  |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                                                                   | \$5.00 May Be Added to Fees                                                                                                             |                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PRES<br/>DIPIAZZA, DAVID<br/>615 CLEMATIS ROAD<br/>VENICE, FL 34293</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VP<br/>DIPIAZZA, JENNIFER<br/>615 CLEMATIS ROAD<br/>VENICE, FL 34293</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                  |  |
| 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, with all other like empowered. |         |                                                                                   |                                                                                                                                         |                                                                  |  |
| SIGNATURE: <i>David DiPiazza</i> DATE: <b>1-17-07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                   |                                                                                                                                         |                                                                  |  |