2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State
02-19-2007 90051 046 ***150.00

DOCUMENT # P06000118761

1. Entity Name
CAFE BAGEL, INC.

Principal Place of Business	Mailing Address
1811 S. TAMIAMI TRAIL VENICE, FL 34293	16 DRIGGS STREET STATEN ISLAND, NY 10308

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01182007 Chg-P CR2E034 (12/06)

4. FEI Number 20-554247O ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIPIAZZA, DAVID 615 CLEMATIS ROAD VENICE, FL 34293	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: David Dipiazza 1-17-2007
Signature, typed or printed name of registered agent, and date of signature (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	PRES DIPIAZZA, DAVID 615 CLEMATIS ROAD VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP DIPIAZZA, JENNIFER 615 CLEMATIS ROAD VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: David Dipiazza 1-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #