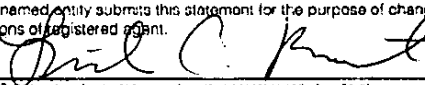
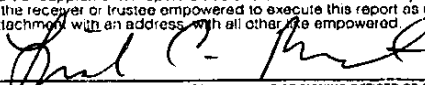


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90174 002 ***158.75

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000049118			
1. Entry Name LCR BAGELS, INC.		401	
Principal Place of Business 2395 S. E. OCEAN BLVD STUART, FL 34995		Mailing Address 12271 SE PLANDOME DRIVE HOBE SOUND, FL 33455	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10062 SE Osprey Pt. Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hobe Sound, FL	
Zip		Zip 33455	
Country		Country Martin	
04302008		Chg-P	
CR2E034 (12/06)		4. FEI Number 20-8926277	
Applied For		Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINSTEIN, LINDA C 12271 SE PLANDOME DRIVE HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name Linda C. Reinstein Street Address (P.O. Box Number is Not Acceptable) 10062 SE Osprey Pte. Drive City Hobe Sound, FL Zip Code 33455	
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  DATE 4/30/08 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P.D REINSTEIN, LINDA C 12271 SE PLANDOME DRIVE HOBE SOUND, FL 33455 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10062 SE Osprey Pointe Drive, Hobe Sound, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 information empowered.			
SIGNATURE: 		DATE 4/30/08 Daytime Phone #	