

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90040 045 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # P07000063792 1. Entity Name BAGEL BISTRO, INC. | | | |
| Principal Place of Business 5691 SATINWOOD COURT JUPITER, FL 33458 | | Mailing Address 5691 SATINWOOD COURT JUPITER, FL 33458 | |
| 2. Principal Place of Business - No P.O. Box # 173 N. US Hwy 1 Suite, Apt. #, etc. | | 3. Mailing Address 173 N. US Hwy 1 Suite, Apt. #, etc. | |
| City & State Tegucigalpa, FL Zip 33469 | | City & State Tegucigalpa, FL Zip 33469 | |
| Country U.S. | | Country U.S. | |
| 4. FEI Number 11-3813766 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PUJA, KIM 5691 SATINWOOD COURT JUPITER, FL 33458 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 for SIGNATURE <u></u> <u>N/A</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing 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 NAME STREET ADDRESS CITY - ST - ZIP | P PUJA, KIM 5691 SATINWOOD COURT JUPITER, FL 33458 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u></u> Kim Puja <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>561-575-1799</u> <small>Daytime Phone #</small> | |