


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P93000054616</b><br>1. Entity Name<br>BAGEL TIME RESTAURANT INC. |  |
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| Principal Place of Business<br>23277 LAGO MAR CIRCLE<br>BOCA RATON, FL 33433 | Mailing Address<br>23277 LAGO MAR CIRCLE<br>BOCA RATON, FL 33433 |
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>65-0489016                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent  
  
DIGIORGIO, ANTHONY S R.  
23277 LAGO MAR CIRCLE  
BOCA RATON, FL 33433

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IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DIGIORGIO, ANTHONY SR.<br>23277 LAGO MAR CIRCLE<br>BOCA RATON, FL 33433 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DIGIORGIO, ANTHONY JR.<br>23277 LAGO MAR CIRCLE<br>BOCA RATON, FL 33433 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DIGIORGIO, MICHAEL<br>23277 LAGO MAR CIRCLE<br>BOCA RATON, FL 33433     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DIGIORGIO, FRANK<br>23277 LAGO MAR CIRCLE<br>BOCA RATON, FL 33433       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** Anthony D. Digiorgio **ANTHONY Di GIORGIO** 1-08-04 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #