


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90007 016 ***150.00

DOCUMENT # P95000026743		
1. Entity Name BAGELS BY STAR, INC.		

Principal Place of Business 5195-D WEST ATLANTIC AVE. DELRAY BEACH FL 33484	Mailing Address 5195-D WEST ATLANTIC AVE. DELRAY BEACH FL 33484
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent GOLDMAN, SCOTT 5195-D W. ATLANTIC AVE. DELRAY BEACH FL 33484		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, SYBIL 5195-D W. ATLANTIC AVE DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, SCOTT 5195-D WEST ATLANTIC AVE. DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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, in all other like empowered.

SIGNATURE: Sybil Goldman SYBIL GOLDMAN 8-15-05 561-4964822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50062362
#P9500026743

Aug 15 2005

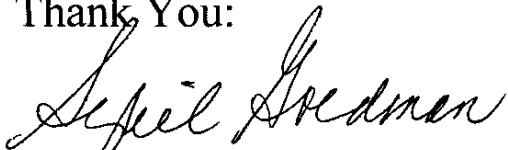
Bagels By Star Inc.

To Whom It May Concern:

This letter is to inform you, that I did not receive the 2005 corp.
annual report for either of my corporations in the mail.

Enclosed is payment of \$150.00.

Thank You:


Sybil Goldman {sec. Treasure}