

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000003192

Entity Name: BAGEL KING WHOLESAL, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

5021 EDGEWATER DRIVE
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

5021 EDGEWATER DRIVE
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-3353036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOURNOUR, LUCILLE
4583 TIGUA ISLAND COURT
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: PERROTTA, TINA
Address: 109 SANDY OAKS PL.
City-St-Zip: LONGWOOD, FL 32707

Title: ST () Delete
Name: TOURNOUR, SCOTT
Address: 3359 T.C.U. BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: PD () Delete
Name: TOURNOUR, LUCILLE
Address: 4573 TIGUA ISLAND CT.
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCILLE TOURNOUR

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date