

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P96000051657

1. Entity Name

BAGEL TIME RESTAURANT II, INC.



Principal Place of Business

23277 LAGO MAR CIRCLE  
BOCA RATON, FL 33433

Mailing Address

23277 LAGO MAR CIRCLE  
BOCA RATON, FL 33433



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2546370	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**

DIGIORGIO, ANTHONY SR.  
23277 LAGO MAR CIRCLE  
BOCA RATON, FL 33433

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
DIGIORGIO, ANTHONY  
23277 LAGO MAR CIRCLE  
BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DIGIORGIO, JOHN  
23277 LAGO MAR CIRCLE  
BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
GIORGIO, MARY  
23277 LAGO MAR CIRCLE  
BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000003623  
01/13/04-80064-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Giorgio*

ANTHONY DIGIORGIO

1-8-04

969-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #