2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P96000064616 1. Entity Name 04-19-2004 90263 033 ***150 00 AL'S FAMOUS FILLED BAGELS, INC. Principal Place of Business Mailing Address 9990 S.W. 77TH AVENUE 9990 S.W. 77TH AVENUE PH 8 PH 8 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0705856 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURGER, SANDRA Street Address (P.O. Box Number is Not Acceptable) 9990 SW 77 AVE PH 8 MIAMI FL 33156 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change - X Addition ☐ Delete TITLE Vice President BURGER, ALVIN NAME NAME Andrew Burger STREET ADDRESS 9990 SW 77TH AVE PH 8 STREET ADDRESS 9990 SW 77 Ave PH 8 CITY-ST-ZIP CITY-ST-7(P MIAMI FL Miami, FL 33156 Delete TITLE ☐ Change Addition TITLE Vice President NAME BURGER, SANDRA NAME Susan Burger Greenberg 9990 SW 77TH AVE PH 8 STREET ADDRESS STREET ADDRESS 9990 SW 77 Ave PH 8 MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33156 TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! E TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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

FILED