


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000064616
1. Entity Name
AL'S FAMOUS FILLED BAGELS, INC.



<i>Principal Place of Business</i> 9990 S.W. 77TH AVENUE PH 8 MIAMI, FL 33156	<i>Mailing Address</i> 9990 S.W. 77TH AVENUE PH 8 MIAMI, FL 33156
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04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0705856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGER, SANDRA
9990 SW 77 AVE PH 8
MIAMI, FL 33156

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000325393
04/23/05 0015 005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGER, ALVIN 9990 SW 77TH AVE PH 8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BURGER, SANDRA 9990 SW 77TH AVE PH 8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGER, ANDREW 9990 SW 77 AVE PH 8 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGER-GREENBERG, SUSAN 9990 SW 77 AVE PH 8 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(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, with all other like empowered.

SIGNATURE: S. BURGER 4/15/05 305-271-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #