
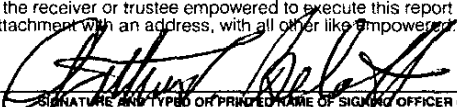


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90062 029 ***150.00

DOCUMENT # P97000009675			
1. Entity Name BAGEL WIZARD, INC.			
Principal Place of Business 2660 SO. OCEAN BLVD. 503-SOUTH PALM BEACH FL 33480 US		Mailing Address 2660 SO. OCEAN BLVD. 503-SOUTH PALM BEACH FL 33480 US	
2. Principal Place of Business Suite, Apt. #, etc. 503-S		3. Mailing Address Suite, Apt. #, etc. 503-S	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BELOFF, JONATHAN D 6525 ALLISON ROAD MIAMI BEACH FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BELOFF, ARTHUR 2660 SO. OCEAN BLVD. 305-5 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerment.			
SIGNATURE:  Arthur Beloff		Date: 1/26/04 Daytime Phone #: 561/5403510	

94010022



MOORE CR2E034 (11/03)

4. FEI Number **65-0737612** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	DPST BELOFF, ARTHUR 2660 SO. OCEAN BLVD. 305-5 PALM BEACH FL 33480 <input type="checkbox"/> Delete
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SIGNATURE:

 **Arthur Beloff**

Date: **1/26/04** Daytime Phone #: **561/5403510**