

SENT BY: ACCOUNTING FIRM;

9544743839;


FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90336 028 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000104720

1. Entity Name
KANE & BAGEL, INC.



Principal Place of Business
**2451 S. UNIVERSITY DRIVE
DAVIE, FL 33324**

Mailing Address
**2451 S. UNIVERSITY DRIVE
DAVIE, FL 33324**

14000823



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01242004 Chg-P CR2EQ34 (10/03)

4. FEI Number
65-0613048

Applied For
 Yes
 No

5. Name and Address of Current Registered Agent
**BLUTSTEIN, GEORGE J
#501-20801 BISCAYNE BLVD.
AVENTURA, FL 33180**

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 _____ DATE _____
Signature must be printed name of registered agent and the if applicable. (NOTE: Registered Agent's signature required when registering)

**FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY- ST- ZIP | <input type="checkbox"/> Delete | CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY- ST- ZIP | <input type="checkbox"/> Delete | CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this report 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 registered office employee 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, and all other like employees.

SIGNATURE: [Signature] 4-4-04 954-472-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #