

SENT BY: ACCOUNTING FIRM;


9544743899;

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FILED  
Apr 22, 2005 8:00 am  
Secretary of State

04-22-2005 90272 024 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P98000104720</b>			
1. Entity Name <b>KANE &amp; BAGEL, INC.</b>			
Principal Place of Business 2451 S. UNIVERSITY DRIVE DAVIE, FL 33324		Mailing Address 2451 S. UNIVERSITY DRIVE DAVIE, FL 33324	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062005		Chg-P	CR2E034 (10/03)
4. FEI Number 65-0613046		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 <b>BLUTSTEIN, GEORGE J #501-20801 BISCAYNE BLVD. AVENTURA, FL 33180</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ <small>Signature typed or printed name of registered agent and the filer (if applicable) (NOTE: registered agent signs are required as an alternative)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fee	
<b>FILE NOW!!! FEE IS \$130.00 After May 1, 2005 Fee will be \$550.00</b>			
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		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate. 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 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 data empowered.			
SIGNATURE: _____		4/19/05 954-4672-1995	
NAME: _____		TITLE: _____	
ADDRESS: _____		CITY: _____	
STATE: _____		ZIP: _____	