


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000100430</b> 1. Entity Name <b>BAGEL BITES, INC.</b>					
Principal Place of Business <b>988 SW MARTIN DOWNS BLVD. PALM CITY FL 34990</b>			Mailing Address <b>988 SW MARTIN DOWNS BLVD. PALM CITY FL 34990</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number <b>65-0965177</b> <div style="float: right; font-size: small;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent  <b>BODEM, LOREN E 815 COLORADO AVE STE 305 STUART FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 title if applicable</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>IZZO, SUSAN</b> <b>2963 SW PALM BROOK CT.</b> <b>PALM CITY FL 34990</b> <div style="text-align: right; font-size: small;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right; font-size: small;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-size: small;"> <b>U00000510766</b>  <b>04/29/06-80020-016 150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right; font-size: small;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right; font-size: small;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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4. FCI Number **65-0965177**  
☐ Applied For  
☐ Not Applicable

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

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7. Name and Address of New Registered Agent

**BODEM, LOREN E  
815 COLORADO AVE STE 305  
STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

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**FL**

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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

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN IZZO**

Date

**4/11/06**

Daytime Phone #

**772-283-781**