

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91008 032 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000119027				
1. Entity Name BREADEX, INC.				
Principal Place of Business 4745 - I WALDEN CR ORLANDO, FL 32811		Mailing Address 4745 - I WALDEN CR ORLANDO, FL 32811		
2. Principal Place of Business 2145 VISCOUNT ROW		3. Mailing Address 2145 VISCOUNT ROW		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 83-0347977
Zip 32809	Country USA	Zip 32809	Country USA	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent O'NEILL, BERNARD C JR. 2699 LEE ROAD SUITE 320 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name DESAI, ALI H Street Address (P.O. Box Number is Not Acceptable) 4403 VINELAND RD STE B-12 City ORLANDO FL Zip Code 32811	
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: <i>Shashoua Caron</i> DATE: 4-28-03 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reissuing)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CFR2E034 (1/0/02)
NAME	GRÖSMAN, SHACHAR	NAME		
STREET ADDRESS	4745-I WALDEN CR	STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811	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	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Shashoua Caron</i>			DATE: 4-28-03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>	