

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000047084

1. Entity Name
THE BIG BREAD NET INC.



SECOND AMENDED
DIVISION OF CORPORATIONS

06 OCT 31 PM 5:16

Principal Place of Business
3205 PORT ROYALE DRIVE SOUTH
APT. B
FORT LAUDERDALE, FL 33308

Mailing Address
3205 PORT ROYALE DRIVE SOUTH
APT. B
FORT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1114190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POIRIER, MARCELLE B ESQ.
2701 SOUTH BAYSHORE DRIVE
SUITE 402
MIAMI, FL 33133

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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	D AUDEOUD, MAURICE L 3205 PORT ROYALE DRIVE SOUTH FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500081372545 10/31/06--01038--002 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUDEOUD, LUC RAYMOND 3205 PORT ROYALE DRIVE SOUTH FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

 M. AUDEOUD

10-27-06

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR