

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000047084

1. Entity Name
THE BIG BREAD NET INC.



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 - No P.O. Box #

5841 NE 18th Ave

Suite, Apt. #, etc.

APT # 3

City & State

FORT LAUDERDALE FL

Zip

33321

Country

USA

3. Mailing Address

5841 NE 18th Ave

Suite, Apt. #, etc.

APT # 3

City & State

FORT LAUDERDALE FL

Zip

33321

Country

USA

6. Name and Address of Current Registered Agent

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

04232007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1114190

Applied For
Not Applicable

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

6. 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

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

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 D Delete
NAME AUDEOUD, MAURICE L
STREET ADDRESS 3205 PORT ROYALE DRIVE SOUTH
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert A. Rosenblatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/07

Date

Daytime Phone #

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90223 017 ***150.00