2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 24, 2006 08:00 AM DOCUMENT # P02000049484 **Secretary of State** 1. Entity Name THE BREADBASKET CAFE' INC Principal Place of Business Mailing Address 5306 SEMINOLE BLVD 5306 SEMINOLE BLVD ST PETERSBURG FL 33708 ST PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 01-0720989 Not Applicable Zip Country Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROHRET, KARIN Street Address (P.O. Box Number is Not Acceptable) 12651 WALSINGHAM ROAD STE B **LARGO FL 33774** 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, lyped or printed name of registered agent and title if applicable (NOTE Repistered Agent signature required when rounstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete MILE Change ☐ Addition U00000446492 NAME SOMAY, GULIZ A NAME 03/08/06-80016-014 150.00 STREET ADDRESS 5306 SEMINOLE BLVD STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33708 City-ST-Z# TITLE ☐ Delete IIILE ☐ Change Addition MAME ZION, HERMAN A NAME STREET ADDRESS 5306 SEMINOLE BLVD STREET MORESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33708 34717 Delete ☐ Change Addition SILLE MAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CSTY-ST-ZW Defete TITLE 132FE Change Addition 🔲 NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS EITY-ST-ZIP CITY-ST-ZIP THE Defete 31111 ☐ Change Addition 🔲 NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, if 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or open allegaturent with an address, with all other like empowered.

SIGNATURE:

1.24.06

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FILED