## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 01, 2006 08:00 AN DOCUMENT-# P03000038814 Secretary of State **BREAD & BETTER, INC.** Mailing Address Principal Place of Business 2575 COLLINS AVENUE #C6 2575 COLLINS AVENUE #C6 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 08302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2339043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAVINATO, STEFANO DO NOT WRITE 2575 COLLINS AVENUE #C6 MIAMI BEACH, FL 33140 IN THIS SPACE 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. U00000575823 <del>-004 -150 -00 -</del> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS PRES TITLE STEFANO, CAVINATO PRESID. NAME 33E VENETIAN WAY - APT # 74 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 SECR TITLE STEFANO, CARNIATO SECRET. NAME STREET ADDRESS 2555 COLLINS AVENUE CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/96

Daytime Phone #

FILED