
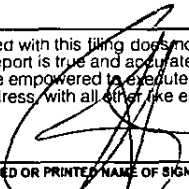


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P03000121486		
1. Entity Name BREAD PARTNERS 14, INC.		
Principal Place of Business 703 FLAMINGO ROAD PEMBROKE PINES, FL 33028	Mailing Address 777 NW 72 AVENUE SUITE 3A20 MIAMI, FL 33126	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SROKA, PHILLIP CPA 1001 BRICKELL BAY DRIVE MIAMI, FL 33131		DO NOT WRITE 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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZACZAC, GEORGI JR 777 NW 72 AVENUE MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARONSON, GARY 777 NW 72 AVENUE MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  George Zaczac, Jr 4/23/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0341670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80058-007 150.00