

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

01-31-2005 90066 050 ****61.25

DOCUMENT # N96000004788

1. Entity Name

BAL-BRIDGE SOUTH, INC.



Principal Place of Business

10230 COLLINS AVE
 BAL HARBOUR FL 33154

Mailing Address

10230 COLLINS AVE
 BAL HARBOUR FL 33154

66003449



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1563411

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HAUSER, ESQ, MARC
 1111 KANE CONCOURSE
 SUITE 616
 BAY HARBOUR ISLANDS FL 33154~~ **DELETE**

7. Name and Address of New Registered Agent

Name **ANDRE R. FOURNIER, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
1747 N.E. 124th Street
North Miami, Florida 33181
 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 **Andre R. Fournier, Esq.**

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

(NOTE: Registered Agent signature required when remaining)

JANUARY 24, 2005

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALVARO, AMARAL	
STREET ADDRESS	10230 COLLINS AVENUE	
CITY- ST- ZIP	MIAMI FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JERVIS, MAUREEN	
STREET ADDRESS	10230 COLLINS AVENUE	
CITY- ST- ZIP	MIAMI FL 33154	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANGLETON, PENLOPE	
STREET ADDRESS	10230 COLLINS AVE	
CITY- ST- ZIP	MIAMI FL 33154	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REES, DAVID DR	
STREET ADDRESS	10230 COLLINS AVE	DELETE
CITY- ST- ZIP	MIAMI FL 33154	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	REES, HELEN	
STREET ADDRESS	10230 COLLINS AVE	DELETE
CITY- ST- ZIP	MIAMI FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIZA AMARAL	
STREET ADDRESS	10230 Collins Avenue	
CITY- ST- ZIP	BAL HARBOUR, FLORIDA 33154	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES VENTURI	
STREET ADDRESS	10230 Collins Avenue	
CITY- ST- ZIP	BAL HARBOUR, FLORIDA 33154	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL HURTADO	
STREET ADDRESS	10230 Collins Avenue	
CITY- ST- ZIP	Bal Harbour, Florida 33154	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-05 TREASURER

305-861-7100