

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90015 034 ****61.25



DOCUMENT # N96000004788
 1. Entity Name
BAL-BRIDGE SOUTH, INC.

Principal Place of Business Mailing Address
10230 COLLINS AVE **10230 COLLINS AVE**
BAL HARBOUR FL 33154 **BAL HARBOUR FL 33154**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-1563411 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
FOUTNIER, ANDRE E ESQ
1747 NE 124TH STREET
MIAMI FL 33181

7. 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 (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 checked="" 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	D	<input type="checkbox"/> Delete
NAME	AMARAL, LUIZA	
STREET ADDRESS	10230 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENTURI, CHARLES	
STREET ADDRESS	10230 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURTADO, DANIEL	
STREET ADDRESS	10230 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL 33154	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. DAVID W. REES	
STREET ADDRESS	10230 Collins Ave, #307,	
CITY-ST-ZIP	Bal Harbour, Fl. 33154	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN REES	
STREET ADDRESS	10230 Collins Ave., #307,	
CITY-ST-ZIP	Bal Harbour, Florida 33154	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCAR MOUTON	
STREET ADDRESS	10230 Collins Ave., #306,	
CITY-ST-ZIP	Bal Harbour, FL. 33154	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDITH MOUTON	
STREET ADDRESS	10230 Collins Ave., #306,	
CITY-ST-ZIP	Bal Harbour, Fl. 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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 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: *James P. Quares* TREASURER 1-25-06