2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 202184

Address:

City-St-Zip:

2421 LAKE PANCOAST DR

MIAMI BEACH, FL 33140

Entity Name: BAL-BRIDGE CORPORATION

FILED Aug 28, 2007 Secretary of State

Entity Nar	Me: BAL-BRIL	UGE CORPORATION			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LINS AVE BA H, FL 33154	_ HARBOUR			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	LINS AVE BA H, FL 33154	_ HARBOUR			
FEI Number:	: 59-0819674	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
BECKER & POLIAKOFF P.A. 3111 STIRLING ROAD POST OFFICE BOX 9057 FT. LAUDERDALE, FL 333109057 US			3111 STIRLING ROAI	BECKER & POLIAKOFF P.A. 3111 STIRLING ROAD FT. LAUDERDALE, FL 333109057 US	
	named entity s e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				08/28/2007	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () GAUGHAN, ROS 10240 COLLINS BAL HARBOUR	SAVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () ADAMS, CAROI 10240 COLLINS BAL HARBOUR	SAVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () GEHRINS, BAR	Delete BARA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROSEMARY GAUGHAN PRES 08/28/2007