2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 202184

Entity Name: BAL-BRIDGE CORPORATION

FILED Jul 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10240 COLLINS AVE BAL HARBOUR 10240 COLLINS AVE MIAMI BCH, FL 33154

#108

BAL HARBOUR, FL 33154

Current Mailing Address: New Mailing Address:

10240 COLLINS AVE BAL HARBOUR 10240 COLLINS AVE

MIAMI BCH, FL 33154 #108

BAL HARBOUR, FL 33154

FEI Number: 59-0819674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BECKER & POLIAKOFF P.A. HUGO DELEO 3111 STIRLING ROAD 10240 COLLINS AVE

FT. LAUDERDALE, FL 333109057 US #108 BAL HARBOUR, FL 33154 US

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.

SIGNATURE: HUGO DELEO 07/20/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GAUGHAN, ROSEMARY ARANA, IVONNE Name:

10240 COLLINS AVE 10240 COLLINS AVE #108 Address: Address: City-St-Zip: BAL HARBOUR, FL 33154 City-St-Zip: BAL HARBOUR, FL 33154

() Delete Title: Title: (X) Change () Addition

Name: ADAMS, CAROL Name: ADAMS, CAROL

10240 COLLINS AVE 10240 COLLINS AVE #101 Address: Address: BAL HARBOUR, F; 33154 BAL HARBOUR, FL 33154 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

GEHRINS, BARBARA Name: MOTA, JORGE Name:

2421 LAKE PANCOAST DR 10240 COLLINS AVE #202 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: BAL HARBOUR, FL 33154

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.

SIGNATURE: IVONNE ARANA PT 07/20/2009