


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H52744</b>	
1. Entity Name BRIDGE VENTURES, INC.	

Principal Place of Business 1241 GULF OF MEXICO DRIVE SUITE 408 LONGBOAT KEY, FL 34228 US	Mailing Address 1241 GULF OF MEXICO DRIVE SUITE 408 LONGBOAT KEY, FL 34228 US
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02202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

FREEDMAN, HARRIS  
 1241 GULF OF MEXICO DRIVE  
 LONGBOAT KEY, FL 34228

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS FREEDMAN, ANNELIES 1241 GULF OF MEXICO LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FREEDMAN, HARRIS 1241 GULF OF MEXICO DRIVE LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREEDMAN, MICHAEL 225 E 63RD ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000160686  
 05/17/04-80008-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Harris Freedman, Sec 5/12/04 941387-8388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #