


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90017 006 \*\*\*158.75

<b>DOCUMENT # H52744</b> 1. Entity Name <b>BRIDGE VENTURES, INC.</b>					
Principal Place of Business <b>1241 GULF OF MEXICO DRIVE SUITE 408 LONGBOAT KEY, FL 34228 US</b>			Mailing Address <b>1241 GULF OF MEXICO DRIVE SUITE 408 LONGBOAT KEY, FL 34228 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FREEDMAN, HARRIS 1241 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS FREEDMAN, ANNELIES 1241 GULF OF MEXICO LONGBOAT KEY, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREEDMAN, MICHAEL 225 E 63RD ST NEW YORK, NY		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Harris Freedman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/4/08 917533-2914 <small>Date Daytime Phone #</small>		

ATTACHMENT

40113045

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Business Entity Name BRIDGE VENTURES, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status ☐ Listed Above ☐ Applied For ☒ Not ApplicableCertificate of Status ☒ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 1241 GULF OF MEXICO DRIVE (PO Box not acceptable)

Suite, Apt. #, etc. SUITE 408

City, State LONGBOAT KEY, FL

Zip Code &amp; Country 34228 US

**Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 1241 GULF OF MEXICO DRIVE

Suite, Apt. #, etc. SUITE 408

City, State LONGBOAT KEY, FL

Zip Code &amp; Country 34228 US

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title) FREEDMAN, HARRIS

- OR -

Business to serve as RA

Street Address In Florida 1241 GULF OF MEXICO DRIVE (PO Box not acceptable)

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40113045

# 152744

Suite, Apt. #, etc.

City, State

LONGBOAT KEY

, FL

Zip Code &amp; Country

34228

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title

DPS

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director FREEDMAN, ANNELIES

Street Address

1241 GULF OF MEXICO

City, State

LONGBOAT KEY

, FL

Zip Code &amp; Country

34228

us

**Name And Address #2**

Title

AS

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director FREEDMAN, HARRIS

Street Address

1241 GULF OF MEXICO DRIVE

City, State

LONGBOAT KEY

, FL

Zip Code &amp; Country

34228

us

**Name And Address #3**

Title

S

Name (Last, First, Middle, Title)

FREEDMAN

, MICHAEL

- OR -

Entity Name to serve as Officer/Director

Street Address

11 Bayside Avenue

City, State

Port Wahington

, NY

Zip Code &amp; Country

11501

VS