

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # K81425 1. Entity Name BRISTOL ENTERPRISES, INC.	
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Principal Place of Business C/O HECTOR J. MIR 2655 LE JEUNE ROAD, SUITE 1107 CORAL GABLES, FL 33134	Mailing Address C/O HECTOR J. MIR 2655 LE JEUNE ROAD, SUITE 1107 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0174508	Applied For <input type="checkbox"/> 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**

MIR, HECTOR J.  
2655 LE JEUNE ROAD  
SUITE 1107  
CORAL GABLES, FL 33134

**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, 2008 Fee will be \$550.00**

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

U00000896044  
04/24/08-80086-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MIR, HECTOR J. 2655 LE JEUNE RD, SUITE 1107 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Hector J. Mir Hector J. Mir 04/11/08 305-444-0460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #