2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
9/13/2004-90006-005-$61.25-$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54072822

07182004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000001451

1. Entity Name
BRIDGE BUILDERS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
16426 BRIAR PATCH PLACE MIAMI LAKES, FL 33014	16426 BRIAR PATCH PLACE MIAMI LAKES, FL 33014

2. Principal Place of Business	3. Mailing Address
19 W. FLAGLER ST.	19 W. FLAGLER ST.
Suite, Apt. #, etc. SUITE 705	Suite, Apt. #, etc. SUITE 705
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33130 Country USA	Zip 33130 Country USA

4. FEI Number
81-0605827 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENJAMIN, CHRISTOPER E 16426 BRIAR PATCH PLACE MIAMI LAKES, FL 33014	Name: CHRISTOPHER BENJAMIN Street Address (P.O. Box Number is Not Acceptable): 19 W. FLAGLER STREET SUITE 705 City: MIAMI FL Zip Code: 33130

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CEO BENJAMIN, CHRISTOPER E 16426 BRIAR PATCH PLACE MIAMI LAKES, FL 33014	☐ Delete	EXECUTIVE DIRECTOR ANNIE MAE NELSON 19 W. FLAGLER ST, STE. 705 MIAMI, FL 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, CHALONDA L 626 ISL SHORE DR GREENACRES, FL 33413	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUERRA, CYRIL G 626 ISL SHORE DR GREENACRES, FL 33413	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COO BENJAMIN, CARLEEN E 16426 BRIAR PATCH PLACE MIAMI LAKES, FL 33014	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____ 9-8-04 305-416-9340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #