2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010789

Entity Name: BRIDGE OF PEACE, INC

FILED Apr 24, 2009 Secretary of State

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Current Pr	incipal Place	of Business:	New Principal Place of Business:		
7171 COR/ #402					
MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
15755 SW MIAMI, FL	82 STREET 33193 US				
FEI Number:	20-3707122	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
BOSQUE, ' 15755 SW MIAMI, FL	82 ST.				
The above in the State	named entity s of Florida.	submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GARCIA, LUIS I	TICUT AV., APT. 821	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MENDEZ, MARI 8956 SW 11 ST MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SARDINAS, LIL 20031 SW 204 MIAMI, FL 3318	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () WASVEILER, C 14401 SW 88 S MIAMI, FL 3318	T., APT. N109	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OF () SILVA, MARIA F 7415 SW 170 T MIAMI, FL 331	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	OF () RODRIGUEZ, S		Title: Name:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: VIVIAN BOSQUE RA 04/24/2009

City-St-Zip: MIAMI, FL 33165 US