2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004788

1. Entity Name
BAL-BRIDGE SOUTH, INC.

Principal Place of Business	Mailing Address
10230 COLLINS AVE BAL HARBOUR, FL 33154	10230 COLLINS AVE BAL HARBOUR, FL 33154

01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1563411
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAUSER ESQ, MARC
1111 KANE CONCOURSE
SUITE 616
BAY HARBOUR ISLANDS, FL 33154

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALVARO, AMARAL
STREET ADDRESS	10230 COLLINS AVENUE
CITY-ST-ZIP	MIAMI, FL 33154
TITLE	SD
NAME	JERVIS, MAUREEN
STREET ADDRESS	10230 COLLINS AVENUE
CITY-ST-ZIP	MIAMI, FL 33154
TITLE	PD
NAME	ANGLETON, PENPLOPE
STREET ADDRESS	10230 COLLINS AVE
CITY-ST-ZIP	MIAMI, FL 33154
TITLE	TD
NAME	REES, DAVID DR
STREET ADDRESS	10230 COLLINS AVE
CITY-ST-ZIP	MIAMI, FL 33154
TITLE	DV
NAME	REES, HELEN
STREET ADDRESS	10230 COLLINS AVE
CITY-ST-ZIP	MIAMI, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000008483
01/20/04-80066-018 61.25

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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: X Penelope Angleton Pres Dent PENELOPE ANGLETON 1-15-04 305 861-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #