

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90012 022 ****61.25

DOCUMENT # N96000004788

1. Entity Name

BAL-BRIDGE SOUTH, INC.



Principal Place of Business

10230 COLLINS AVE
BAL HARBOUR FL 33154

Mailing Address

10230 COLLINS AVE
BAL HARBOUR FL 33154



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

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

FOUTNIER, ANDRE E ESQ
1747 NE 124TH STREET
MIAMI FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee, if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE **D President** ☐ Delete
NAME **ALVARO, AMARAL**
STREET ADDRESS **10230 COLLINS AVENUE**
CITY- ST- ZIP **MIAMI FL 33154**

TITLE **SD** ☐ Delete
NAME **REES, HELEN**
STREET ADDRESS **10230 COLLINS AVE # 307**
CITY- ST- ZIP **BAL HARBOUR FL 33154**

TITLE **~~XX~~ Vice President** ☐ Delete
NAME **ANGLETON, PENLOPE**
STREET ADDRESS **10230 COLLINS AVE**
CITY- ST- ZIP **MIAMI FL 33154**

TITLE **D** ☒ Delete
NAME **AMARAL, LUIZA**
STREET ADDRESS **10230 COLLINS AVENUE**
CITY- ST- ZIP **BAL HARBOUR FL 33154**

TITLE **D** ☐ Delete
NAME **VENTURI, CHARLES**
STREET ADDRESS **10230 COLLINS AVE**
CITY- ST- ZIP **BAL HARBOUR FL 33154**

TITLE **D Treasurer** ☐ Delete
NAME **REES, DAVID**
STREET ADDRESS **10230 COLLINS AVE**
CITY- ST- ZIP **MIAMI BEACH FL 33154**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Judith Mouton**
STREET ADDRESS **10230 Collins Ave., #306**
CITY- ST- ZIP **Bal Harbour, Florida 33154**

TITLE **D** ☐ Change ☒ Addition
NAME **Oscar Mouton**
STREET ADDRESS **10230 Collins Ave., #306**
CITY- ST- ZIP **Bal Harbour, Florida 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

David C. Rees

2-4-08 305-861-7100