
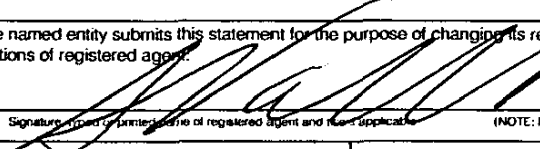
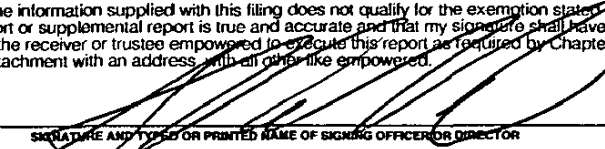


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90099 046 \*\*\*150.00

<b>DOCUMENT # P00000048285</b> 1. Entity Name <b>BRISTOL REALTY, INC.</b>			
Principal Place of Business <b>147 ALHAMBRA CIRCLE #100 CORAL GABLES, FL 33134</b>		Mailing Address <b>147 ALHAMBRA CIRCLE #100 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>1627 S. Douglas Rd Suite, Apt. #, etc. #100 City &amp; State Miami, FL Zip 33145 Country USA</b>		3. Mailing Address <b>1627 S. Douglas Road Suite, Apt. #, etc. #100 City &amp; State Miami, FL Zip 33145 Country USA</b>	
4. FEI Number <b>59-3651842</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VALLADARES, ANNA T 147 ALHAMBRA CIRCLE #100 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Anna M. Valladares</b> Street Address (P.O. Box Number is Not Acceptable) <b>1627 S. Douglas Road</b> <b>#100</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33145</b>	
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 <b>3-30-05</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLADARES, ANNA M 147 ALHAMBRA CIRCLE, #100 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Anna M. Valladares 1627 S. Douglas Rd #100 Miami, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		Date <b>3-30-05</b> Daytime Phone # <b>305-448-8883</b>	