

FILED  
Jul 22, 2005 8:00 am  
Secretary of State

06-23-2005 90001 013 \*\*\*158.75  
07-22-2005 90020 014 \*\*\*400.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P00000106950</b>			
1. Entity Name <b>BRISTOL PUBLIC RELATIONS, INC.</b>			
Principal Place of Business <b>BILTMORE EXECUTIVE OFFICE 1200 ANASTASIA AVE. SUITE #210 CORAL GABLES, FL 33134</b>		Mailing Address <b>BILTMORE EXECUTIVE OFFICE 1200 ANASTASIA AVE. SUITE #210 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>BILTMORE EXECUTIVE OFFICE</b>		Mailing Address <b>BILTMORE EXECUTIVE OFFICE</b>	
Suite, Apt. #, etc. <b>1200 ANASTASIA AVE SUITE 210</b>		Suite, Apt. #, etc. <b>1200 ANASTASIA AVE SUITE 210</b>	
City & State <b>CORAL GABLES, FL</b>		City & State <b>CORAL GABLES, FL</b>	
Zip <b>33134</b>	Country <b>USA</b>	Zip <b>33134</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, ELOISE E 9004 SW 150 AVE MIAMI, FL 33196</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, ELOISE E 9004 SW 150 AVE MIAMI, FL 33196 <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	VP RODRIGUEZ, RAFAEL L 9004 SW 150 AVE MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>Rafael L. Rodriguez</u> <b>RAFAEL L. RODRIGUEZ</b> V.P. <u>6/10/05</u> <u>305-477-6300</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			