

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90039 009 ***150.00

DOCUMENT # P03000013048

1. Entity Name

BRIDGING BORDERS, INC.



Principal Place of Business

602 LINCOLN COURT
DEERFIELD BEACH FL 33442

Mailing Address

602 LINCOLN COURT
DEERFIELD BEACH FL 33442

34020334

2. Principal Place of Business

7341 NW 18 ST.

3. Mailing Address

7341 NW 18 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#206

#206

City & State

City & State

Margate, Fl.

Margate, Fl.

Zip

Zip

33063

33083

Country

Country

USA

USA

4. FEI Number

42-1573443

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

CLERKE, SUSAN
~~602 LINCOLN COURT~~
~~DEERFIELD BEACH FL 33442~~
7341 NW 18 ST
#206
Margate, Fl. 33063

Name

SAME

Street Address (P.O. Box Numbers Not Acceptable)

7341 NW 18 ST

#206

Margate

FL

33063

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

Susan Clarke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME *Shirley White* ☒ Delete
STREET ADDRESS *1 Harbourside Dr.*
CITY-ST-ZIP *Delray Beach FL 33483*
Vice president

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

Susan Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 9548954820

Date

Daytime Phone #